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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration on Aging

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## Volume I

# Nutrition Service Providers' Guide

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# ADDENDUM

A recent Information Memorandum was issued to the State Agencies on Aging announcing the printing of a four volume series of national best practice guides to nutrition service provision. This is one of the four guides.

Three of the guides are being issued together now: 1) Program Management; 2) Site Management; and 3) Accounting and Fiscal Management. The fourth guide on Training will be transmitted at a later date.

The guides are being issued to the AoA Regional Offices, State Agencies on Aging, and Area Agencies on Aging because these are the only parts of the aging network for which AoA maintains up-to-date mailing lists. Since AoA only has information on the number of nutrition providers and sites by State(not PSA), the bulk of the copies are being sent to the State Agencies on Aging for further distribution to Area Agencies as appropriate. The intent is to get as many copies of the guides in the hands of local nutrition directors and site managers as possible. Please consult the IM for specific sub-State distribution instructions.

Administration on Aging

Fall, 1981

# NUTRITION SERVICE PROVIDER'S GUIDE
# TO
# PROGRAM MANAGEMENT

Prepared for

ADMINISTRATION ON AGING

Washington, D.C. 20201

by

COMMUNITY NUTRITION INSTITUTE

TRAINING CENTER

Washington, D.C. 20036

Project Director

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II

# ACKNOWLEDGEMENTS

This manual has been developed by Community Nutrition Institute's Training Center under a contract with the Administration on Aging, with Jane Pettit as project director. AoA project officers were James Steen and Sean Sweeney. Contributing writers were: Jean Bacon, Karen Donato, Margaret Lynn Duggar, Diana Lawry, Rodney Leonard, Fredrick Luhmann, Jane Pettit, Katrin Ritler, Vicki Schmall, Peg Sheeler, Maryanne Staton, Olivia Walden, and Johanna Weinstein.

The following members of the Technical Advisory Committee contributed greatly to the final product: Elizabeth Roberts, National Association of Area Agencies on Aging; Ted Gredvig, National Association of State Units on Aging; Tom Abbott, National Association of Nutrition and Aging Services Programs, Mamie Lee, National Association of Meal Programs, Olivia Walden, Auburn University; Margaret Phillips, the Administration for Children, Youth and Families; and Joncier Greene, USDA; Sandra Fisher, Caroline Van Mason, Irma Tetzloff, James Steen and Verna Cook, the Administration on Aging.

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The endless job of word processing was done by Mary Emanuel and Laura Ferguson. Editing and proofreading were done by Barbara Kirchheimer and Lonnie Dalrymple.

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# INTRODUCTION

A primary goal of the Older Americans Act is to secure and maintain the independence and dignity of older persons in their homes. This is done by removal of barriers to independence and through provision of supportive services. Nutrition services contribute significantly to this goal by helping older persons remain healthy and active residents in their communities. Congregate and home-delivered meal services have evolved and grown during the past decade. This experience has led to a better understanding of the techniques and skills needed to provide such services to older persons.

This manual updates the original Guide to Effective Project Operations written by Oregon State University. It guided the development of the newly funded Title VII nutrition projects. However, with the 1978 amendments to the Older Americans Act and the growth of nutrition services, a new guide was needed. It is based on the philosophy and policies contained in the Older Americans Act, as amended, and the regulations for Title III, but it should not be construed as an AoA Title III or nutrition service policy manual. Rather, it presents evolving best practice in the field, as can best can be determined through research findings, literature search, and formal and informal information sharing mechanisms, within the Title III policy framework. Throughout the manual, periodic reference is made to federal requirements so that nutrition service directors will know when compliance is obligatory. Current Title III regulations are included in Appendix I-C for ready reference on specific policy.

This manual is intended to help those responsible for nutrition services to improve their managerial skills. A recent study[1] of nutrition service providers found that the only factor which makes an appreciable difference in meal quality and cost is local level management. Service management is the primary responsibility of the nutrition service provider. This guide is a reference for starting new services as well as for evaluating and improving ongoing services. No guide will match the requirements of every provider; however, the content can be adapted to the specific needs of a variety of communities.

The manual contains seven chapters with appendices included at the end of each:

- Chapter I--the Older Americans Act, Title III regulations related to nutrition services, and state and local policy framework.

- Chapter II--the aging process and its implications for services.

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[1] Analysis of Food Service Delivery Systems Used in Providing Nutrition Services to the Elderly, Preliminary National Report (Washington, D.C., USDHHS, Administration on Aging, June 30, 1981).

- Chapter III--planning and management functions and how to implement them.
- Chapter IV--designing and managing food service systems.
- Chapter V--serving home-delivered meals.
- Chapter VI--role of the nutrition provider in the service system; the target population; and support services, including nutrition education and outreach.
- Chapter VII--service monitoring, assessment, and evaluation.

This is one of a series of four manuals; the other three are: Nutrition Service Provider's Guide to Site Management (written for nutrition providers and site managers and a companion guide to this manual); Nutrition Service Provider's Guide to Accounting and Financial Management (intended primarily for nutrition directors and bookkeepers); and Training Guide for Nutrition Services (a skills manual for all nutrition service trainers--state, area, and local).

In some respects, this manual is the result of work by hundreds of people in state agencies, area agencies on aging, and nutrition service providers. Many people in the aging network were invited to suggest content and to review the material in draft. Their overwhelming response demonstrated a deep commitment to a service that has proven to be vital to so many older persons. The challenging and rewarding task has been to capture that expertise and pass it on to nutrition providers to use in creating services that will continue to enhance the quality of lives of older persons in their communities.

## Terminology

In this guide the following definitions are used:

- Site is used to identify all nutrition sites, whether or not they are also senior centers offering a range of services.
- Nutrition director identifies the person having primary responsibility for managing nutrition services.
- Nutrition service provider is the agency or organization that provides nutrition services.
- Governing body refers to the group that sets policy and has ultimate fiscal responsibility for the nutrition service provider. The governing body may be a private nonprofit board, a county commission, Council of Governments board, etc. These groups are often called boards of directors or policy boards.

# NUTRITION SERVICE PROVIDER'S GUIDE TO PROGRAM MANAGEMENT

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# CHAPTER 1

## CHAPTER I

# PROGRAM OVERVIEW

I. THE OLDER AMERICANS ACT

II. DEVELOPMENT OF COMPREHENSIVE AND COORDINATED SERVICE SYSTEMS

III. NATIONAL NETWORK ON AGING

IV. CONCLUSION

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## CHAPTER I
# PROGRAM OVERVIEW

The Older Americans Act is the basis upon which local programs for older persons are built. This chapter gives an overview of that Act, the programs it has created, and the policy framework under which the programs operate.

## I. THE OLDER AMERICANS ACT

The Older Americans Act was first enacted in 1965, and was amended eight times between 1965 and 1978. As first enacted, the Act authorized funding under Title III to support separate state agencies on aging. Title III also provided funds for each state agency to initiate local community programs to provide social services to older persons. Activities under the Act began on a modest scale; in FY 1966, the total appropriation was $7.5 million.

In 1972, a new Title VII was enacted which authorized funds for local community programs to provide nutrition services to the elderly. They were designed to provide older persons aged 60 and older with at least one hot, nutritious meal five or more days a week. Emphasis was placed on serving older persons with the greatest economic need and on reducing their isolation from the rest of the community.

A second major change occurred in 1973. The Title III state grant program was amended to provide for better organization at state and local levels and to authorize the targeting of limited resources to priority services. Each state agency was directed to divide the entire state into planning and service areas, determine which areas would develop an area plan, and designate an area agency on aging to develop and administer the plan in each area. The 1973 amendments also added a new Title V to the Act which authorized the Commissioner to make grants directly to local community agencies to pay part of the cost of acquisition, renovation, alteration or initial staffing of facilities for use as multipurpose senior centers.

The 1975 amendments specified four priority services to be provided under state plans: transportation, home services, legal services, and residential repair and renovations.

The 1978 amendments represented another evolutionary step in the process of establishing in each planning and service area a basic capacity to respond to the needs of older persons. They consolidated, under an amended Title III, the social services, nutrition, and multipurpose senior center programs authorized before under Titles III, V, and VII.

## II. DEVELOPMENT OF COMPREHENSIVE AND COORDINATED SERVICE SYSTEMS

The purpose of the Title III program is to provide assistance to states and local communities in the development of a comprehensive and coordinated system of services for older persons. Title III authorizes the designation of state agencies on aging by governors and provides for the allocation of federal funds to states on a formula grant basis under an approved state plan on aging.

Each state agency is responsible for the development and implementation of its state plan, establishment of priorities for services for older persons, and advocacy on behalf of the needs and concerns of the elderly. It is responsible for dividing the state into planning and service areas and designating area agencies on aging in each planning and service area.

Each state agency is responsible for providing technical assistance and training to area agencies as well as for monitoring the effectiveness of the area agencies' administration of the aging program throughout the planning and service area.

The area agency on aging serves as the focal point for aging programs throughout the planning and service area. The area agency is responsible for advocacy on behalf of the elderly; assessing the needs and priorities for services throughout the planning and service area, focusing the delivery of services for older persons with greatest economic and social need; planning and coordination of existing services, development of new services and resources for the elderly wherever possible; and the award of grants and contracts for the provision of social and nutrition services.

## III. NATIONAL NETWORK ON AGING

There are a total of 57 state agencies on aging. Of these, 13 have received approval from the Administration on Aging to operate as single planning area states with the state agency serving as the area agency for the entire state. Nationally, a total of 669 area agencies have been designated.

State agencies on aging reported the following information for FY 1980 which reflects the kinds of social services provided and the approximate number of older persons served under the Title III program.

Social Service-No. of Persons Served

Transportation--2,259,000
In-home services--700,000
Legal & related counseling--417,000
Residential repair--108,000
Information & referral--5,028,000
Escort--282,000
Outreach--1,743,000
Other--5,033,000

The total number of older persons receiving social services under the Title III program in 1980 was 9,336,993. Of this number, approximately 54 percent of the older persons served were in the low-income category.

Under the 1980 Title III nutrition allotment, approximately 1,200 service providers received funds and provided services in approximately 12,500 nutrition sites. These sites are located in senior centers, religious institutions, schools, low-income housing facilities and other community agencies. The majority of these sites provide at least one meal per day, five or more days per week. A few locations provide meals twice daily; and a number of areas serve meals every day, making a special effort to keep the meal sites open on holidays.

The total number of meals served in FY 1980 was 168,390,299. Approximately 55 percent of these meals were catered, with the remainder prepared on site. Approximately 78 percent of the meals were provided in congregate settings, and 22 percent were delivered to the home. Of all the meals served, approximately 62.5 percent were served to low-income, older persons.

## IV. CONCLUSION

It is crucial that nutrition service providers understand where they fit into the service system, what their direct responsibility is, what responsibilities they share with others, and what is totally out of their domain.

By working closely with the area agency on aging, each provider will understand the policy and related program expectations under which it must operate. Such an understanding will not only facilitate the effective delivery of nutrition services, but will make these services an integral part of the overall service delivery system serving older persons at the local level.

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## CHAPTER I
# APPENDICES

I-A. REFERENCES

I-B. DHEW RULES AND REGULATIONS, GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

# APPENDIX I-A

## REFERENCES

National Association of State Units on Aging. Orientation to the Older Americans Act. Washington, D.C., NASUA, 1981.

United States Government Printing Office. Older Americans Act of 1965, As Amended. DHEW (CUHDS) 79-20,70, USDHEW, AoA, Washington, D.C., 1979.

United States Government Printing Office. "Title III Rules and Regulations," Federal Register, Vol. 45, No. 63, Washington, D.C., March 31, 1980.

Appendix I-B.

federal register

Monday
March 31, 1980

## Part IV

# Department of Health, Education, and Welfare

## Office of Human Development Services

## Grants for State and Community Programs on Aging

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**DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE**

**Office of Human Development Services**

**45 CFR Parts 1320, 1321, 1324, 1326**

## Grants for State and Community Programs on Aging

**AGENCY:** Office of Human Development Services (OHDS), HEW.

**ACTION:** Final rule.

**SUMMARY:** The Administration on Aging (AoA) in the Office of Human Development Services is issuing new and revised regulations to implement Title III of the Older Americans Act, as amended. Title III authorizes formula grants to State agencies on aging to assist States and local communities to develop comprehensive and coordinated systems for the delivery of services to older persons. Title III provides separate allotments for social services (including long-term care ombudsman program and multipurpose senior centers), congregate nutrition services and home-delivered nutrition services. These regulations set forth the requirements a State agency on aging must meet to receive a grant from the Administration on Aging. The regulations include requirements and procedures for designation of State and area agencies, submission and approval of State and area plans, services requirements and hearing procedures.

**EFFECTIVE DATE:** March 31, 1980.

**FOR FURTHER INFORMATION CONTACT:** Fred Luhmann, Office of Program Development, Administration on Aging, Room 4748, 330 Independence Ave., S.W., Washington, D.C. 20201, (202) 472-3057.

**SUPPLEMENTARY INFORMATION:**

### Background

The Older Americans Act was enacted in 1965. It has been amended eight times. On October 18, 1978, the President signed the latest amendments, the Comprehensive Older Americans Act Amendments of 1978. These amendments consolidated under one title, Title III, three activities, social services, nutrition services, and multipurpose senior centers, which had been authorized under three separate titles. The purpose of this consolidation is to provide more effective coordination and use of community resources in planning and providing services to older Americans. The Act emphasizes the development of comprehensive and coordinated delivery systems, the elimination of duplication and overlapping functions, the integration of social and nutrition services and strengthening the role of area agencies on aging.

On July 31, 1979, a Notice of Proposed Rulemaking (NPRM) was published in the **Federal Register** (44 FR 45032). This notice proposed to replace the regulations appearing in subchapter C of 45 CFR, Chapter XIII by the proposed Part 1321, Grants for State and Community Programs on Aging. Part 1320—General; Part 1324—Nutrition Program for the Elderly; and Part 1328—Multipurpose Senior Center would be vacated and reserved and Part 1321 would be completely revised.

### *Public Participation*

*Hearings.* During the comment period, the Administration on Aging (AoA) conducted "public hearings." Hearings were held in each city with a Regional Office, except for Region III which held its hearing in Washington, D.C. The 11th hearing was held in Hawaii. Over 400 persons offered formal testimony. All testimony and written comments from these hearings have been reviewed and considered in preparing these final regulations.

*Written Comments.* Approximately 1,700 written comments were received. All comments were carefully reviewed and considered in developing these final regulations. A number of sections in the NPRM received no comments or relatively few comments. Some other sections received comments which related to technical errors, or omissions in the NPRM. (For example, a mistake in paragraph numbering). A third group of comments focused on minor changes in wording that do not change the meaning of a section. (For example, inserting the word "Governor" in Section 1321.35. This simply clarified a current practice, namely, that the Governor, as well as the State agency is notified of any action which the Commissioner takes on a State plan). A fourth group of comments questioned sections of the regulations which simply repeat provisions of the Act. (For example, Section 1321.109 which requires preference for serving those with greatest economic or social need). While we made changes in the regulation when called for by these four categories of comments, we will not discuss these minor changes in the preamble. The discussion that follows focuses on the major issues that were raised by commenters, and their substantive comments on these issues. We have presented the issues by first giving a summary of the comments and secondly giving our response to these comments.

### Summary of Major Comments and AOA Response

Section 1321.3. *Definitions.* This section of the NPRM proposed, among other definitions, three options for the definition of "greatest economic need" and a definition of "greatest social need." These two proposed definitions received the overwhelming majority of comments.

*Greatest economic need.* The three options we proposed to define "greatest economic need" were: 1) at or below the poverty level established by the Bureau of the Census; 2) at or below the near poverty level; or 3) at or below the maximum income level for eligibility in the State's Title XX program. The first option was comparable to the definition of low income that we have used for a number of years to implement the former statutory requirements for consideration of low income older persons.

The majority of commenters preferred the third option for "greatest economic need." Commenters recognized that this definition would result in targeting on more older persons. In addition, commenters felt that this definition, by bringing Title III criteria in line with Title XX criteria, would result in greater equity in service delivery. Those opposed to the third option felt that it would not target scarce resources to older persons who were in greatest need.

The first option received the second largest number of favorable comments. These commenters felt that the second and third options would include too many older persons. In addition, commenters felt that the variations in State Title XX criteria would result in significant inequities nationwide. Those favoring the first option also noted that it would result in greater targeting on minority older persons, who are represented in greater proportion among those older persons with lowest income.

*AoA response:* As we pointed out in the NPRM, there is an inevitable tension created by the statutory requirement for preference for those in greatest economic or social need, and the repeated insistence in the legislative history that programs under the Act are for all older persons, and that means testing should accordingly not be permitted. This tension is reflected in the options we proposed to define greatest economic need, and the comments we received on those definitions. After careful consideration of those comments, we decided to select the first option. We made this decision for several reasons. First, we concluded that the first option is the only one likely

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to result in effective targeting on those who are in greatest need, and is therefore most consistent with the intent of the Act. Second, this is the definition for low income that we have used in the program for a number of years. Service providers have procedures in place for implementing this standard, and participants are accustomed to it. Third, we want the level of services provided to minority older persons not to be adversely affected by a definition which might deemphasize services to them. Since minority older persons are represented in a greater incidence among those with the lowest income, we believe the choice of the first option will reaffirm our commitment to assure that minority older persons receive the services that they need.

We want to reemphasize that this is only a preference requirement, and that an individual older person who request services under Title III may not be denied those services because of his or her income.

*Greatest social need.* We proposed in the NPRM to define greatest social need as "those non-economic factors such as isolation, physical or mental limitations, racial or cultural obstacles, or other non-economic factors which restrict individual ability to carry out normal activities of daily living and which threaten an individual's capacity to live an independent life."

A majority of commenters expressed support for this proposed definition of "greatest social need." However, many commenters suggested a change in the definition to include the words "linguistic or language barrier." Some of these commenters pointed out that frequently the service needs of minorities with limited English language capabilities were overlooked. Many commenters also suggested including specific mention of certain minority groups, that is, Blacks, Hispanics, Asian Americans, and American Indians.

Some commenters indicated that the proposed definition was too vague or difficult to implement. They expressed concern that it could be interpresled in many ways by State and area agencies. A few commenters recommended including in the definition additional criteria, for example: advanced age, illiteracy, sociomedical disabilities, institutionalization.

A number of minority organizations expressed concern that as a result of the 1978 amendments, programs under the Act would place less emphasis on serving minority older persons. We were asked to consider including all minority older persons in the definition of those with "greatest social need."

*AoA response:* We revised the definition of "greatest social need" to include language barriers and to mention explicitly Blacks, Hispanics, American Indians and Asian Americans as examples of individuals who may experience cultural or social isolation caused by racial or ethnic status.

We recognize that our definition is broad but believe strongly that it should encompass all major factors that produce greatest social needs. We think that our definition is sufficiently precise so that State agencies can identify the groups covered by it and thus focus on them.

In response to the concerns of minority organizations we carefully analyzed the extent to which we might include minority status in classification of those older persons in "greatest social need." The proposal to include all minority persons under the classification of those having the greatest social need would constitute a preference solely on the basis of race. We have concluded, based on discussions with the Office of the General Counsel, that we do not have adequate legal authority to require such a preference.

Programs under the Older Americans Act are subject to the requirements of Title VI of the Civil Rights Act of 1964. Title VI provides that: "No person . . . shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The 1978 amendments removed from the Act our express statutory authority for requiring preferences for minority groups. Under the recent Supreme Court decision of *Regents of the University of California v. Bakke,* 438 U.S. 265 (1978), both Title VI and the equal protection clause of the Fifth Amendment to the Constitution require that any preferences imposed solely on the basis of race be subject to strict scrutiny. Under *Bakke,* such preferences might be found illegal, in the absence of a compelling reason or adequate official legislative, judicial, or administrative findings, of the need to remedy the effects of prior discrimination. We do not have such official findings.

However, under *Bakke,* race may be one factor to be considered in the distribution of public benefits. We have accordingly modified the definition of greatest social need to clarify that persons suffering from cultural or social isolation caused by race or ethnic status may be classified as those in "greatest social need."

The inclusion of this language would permit State and area agencies to give preferential status for the delivery of services to minority elderly persons suffering from such isolation and still comply with the principles enunciated by the Supreme Court in *Bakke.* Furthermore, while race can not be used as a sole criterion for the preferential distribution of benefits under the Act, our regulations implementing Title VI allow for affirmative action which might be applicable to State and area agencies in their determination of "greatest social need." Under 45 CFR 80.3(b)(6)(ii):

> Even in the absence of . . . prior discrimination, a recipient in administering a program may take affirmative action to overcome the effects of conditions which resulted in limiting participation by persons of a particular race, color, or national origin.

Additionally, 45 CFR 80.5(j) states that:

> Even though an applicant or recipient has never used discriminatory policies, the services and benefits of the program or activity it administers may not, in fact, be equally available to some racial or nationality groups. In such circumstances, an applicant or recipient may properly give special consideration to race, color, or national origin to make the benefits of the program more widely available to such groups not then being adequately served.

In view of the fact that many minority elderly persons have lived through a period of time in which they have been excluded from equal access to and participation in many programs and activities, such voluntary affirmative action might be authorized to ensure that social services provided under Title III of the Older Americans Act are adequately serving minority elderly persons.

Based on the preceding discussion, we conclude that State and area agencies may legally and properly focus on serving minority older persons where an evaluation of factors indicates that these individuals are suffering from cultural or social isolation because of race, color, or national origin. In our view, such emphasis is consistent with the legislative authority contained in the Act, with Title VI of the Civil Rights Act, and with underlying consitutional requirements.

Section 1321.13. *Organization of the State Agency.* We provided in the NPRM that the State agency could be either a single purpose or a multipurpose agency and left the multipurpose agency the option whether to designate a single organizational unit. This would have been relaxation of our existing requirement for a single organizational unit. Most commenters, including State and area agencies and advocates, did

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not support this automatic relaxation. A majority of commenters felt that elimination of the requirement for a single organizational unit would mean greater fragmentation of services for older persons. Many felt that a single purpose structure provides for more efficient accountability of funds, clearer and more effective direction to area agencies on aging, and maximum visibility for programs and concerns for the elderly. Further, some commenters believed that deletion of the requirement for a single organizational unit is inconsistent with the concept of consolidation of nutrition, social services, and senior center facilities and services.

Twelve commenters, including the National League of Cities (NLC), the National Governor's Association, and the U.S. Conference of Mayors, supported the NPRM provision. They emphasized that each State should have the flexibility to determine the type of political structure most appropriate for the administration of programs for the elderly. The NLC felt that we should retain the right to impose a requirement if we determined that a State was not meeting its statutory responsibilities. Many State and area agencies on aging commented that removal of the single organizational unit would weaken their effectiveness in providing service to the elderly.

*AoA response:* We agree that programs under the Act should be administered in the way that ensures the most effective delivery of services to older persons. We were persuaded by the commenters that it was essential that each State agency have some designated unit to serve as the visible focal point for programs for older persons in the State. We concluded that, unless a State makes some showing to the contrary, our goal of effective planning, advocacy, and service delivery will be best ensured by a single organizational unit requirement. We have accordingly revised this section to require that, in those cases in which the designated State agency is a multipurpose agency, it must delegate all authority and responsibility under this part to a single organizational unit.

However, we also think that multipurpose agencies which can effectively carry out their responsibilities under this part without delegating all responsibility to a single organizational unit should not be required to do so, provided that those agencies keep some component unit which serves as a visible focal point for policy development, advocacy, coordination, monitoring and evaluation of programs for older persons. We are therefore providing in these regulations for a waiver by the Commissioner of the single organizational unit requirement.

A State may request a waiver as part of its State plan or as a plan amendment. The State agency must describe its method for carrying out its functions and responsibilities under this part. The State agency must also designate a component unit which plans and develops all policy on programs for older persons under this part, and provides a visible focal point for policy development, advocacy, coordination, monitoring and evaluation of programs for older persons within the State. The Commissioner will approve a waiver request unless he or she finds the waiver adversely affects the ability of the State agency to carry out its functions and responsibilities under this part.

Section 1321.15 *State agency administration.* The NPRM required each State agency to use proper and efficient methods for administering the State plan. Specifically, the NPRM required States by September 30, 1980, to establish written procedures for carrying out all of the State agency's functions under this part. The NPRM also required the State agency to publish the procedures for public comment, to maintain on file a functional statement of the manner in which the State agency performs its responsibilities; and to submit any reports the Commissioner requires.

A number of commenters questioned the appropriateness of the requirement for written State agency procedures under paragraph (b) of this section. They thought the requirement was too burdensome. One commenter suggested without being specific, that this requirement might conflict with existing State rulemaking procedures. Others indicated a likelihood of an increased financial burden to implement this requirement. Some commenters thought the proposed requirement in paragraph (b) to have State agency procedures in effect by September 30, 1980 was inappropriate because of the delay in publishing final Title III regulations. These commenters proposed that the required effective date for State agency procedures be one year after the issuance of final regulations. A few commenters expressed concern about what type of reports might be required by the Commissioner, and noted the need for adequate time to prepare reports for submission.

*AoA response:* We did not intend in this regulation either to impose undue staff or financial burdens on States or to conflict with State rulemaking procedures. Neither did we intend to subject every internal administrative procedure of the State agency to publication. For example, we did not intend to require a State agency to publish and receive comments on such matters as changes in position descriptions, or minor organizational realignments. We did, however, intend that States publish for review and comment those policies which describe in general terms the manner in which the State agency carries out its functions under this part. For example, a State must have written policies for how it determines its intrastate funding formula; how it designates area agencies and approves area plans; and how it conducts public hearings. We think a requirement of this kind is consistent with proper administrative practice and that a State agency can carry out this requirement without unreasonable burden. Since we do not require specific procedures for publication, we do not think the process that these regulations require is inconsistent with State rulemaking procedures. We accepted the comments concerning the date by which a State must have policies in place. Paragraph (b)(iv) requires a State to have final policies in effect no later than one year after the effective date of these rules. We eliminated the requirement of paragraph (d) on reports to the Commissioner. We decided that the Department's general grant regulations at 45 CFR Part 74 already contain sufficient authority for the Commissioner to require the reports he decides are necessary, and that we might be implying that we were increasing a State's reporting burden by repeating the requirement here. Ordinarily, the specific content and format of these reports are prescribed in guidelines, rather than in regulations.

Section 1321.17 *Staffing.* The NPRM required that, subject to merit system requirements, State and area agencies give preference in hiring to persons age 60 or older; and required the State agency to have a staffing plan on file for review. A number of commenters proposed a requirement that the State director be a qualified, full-time employee. Some commenters proposed specific types of qualifications in such areas as business administration, accounting or law. Similarly, commenters advocated that other State agency staff have certain minimum requirements, for instance, that there should be a registered dietitian or professional nutritionist on the State agency staff and that the regulations require full-time staff other than just the State director. A few commenters proposed that the regulations require

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proportionate representation of the State agency staff of those minority or ethnic groups residing in the State. Some commenters questioned the legal basis for the requirement that preference in hiring be given to persons aged 60 and older. They recommended a reduction of this age to 55 or 45.

*AoA response:* We amended this section to require that the director of the State agency be a full-time employee and that adequate numbers of other staff be employed by the State agency. We also added the requirement that the State agency director and other staff be qualified for their positions. We did not impose any requirements concerning specific qualifications of staff because States are governed by the general norms for merit systems contained in 5 CFR Part 900, Subpart F Standards for a Merit System of Personnel Administration.

The affirmative action requirements which the State agency must follow are contained in Subpart F. In the absence of a specific finding of prior discrimination, and without the Office of Personnel Management's (OPM) concurrence, we may not exceed these rules by requiring proportionate representation on the State agency staff of minority or ethnic groups residing in the State. However, we did wish to emphasize the State agency's responsibility in this matter by citing in these regulations the specific section from Part 900 that addresses affirmative action. Therefore, with the concurrence of the Office of Personnel Management (OPM), we added this reference in a new paragraph (d).

Although a few commenters suggested lowering the age of preference for State agency employment to 55 or even 45, we do not have the authority to do so. Section 307(a)(11) of the Act explicitly requires that each State plan provide, subject to the requirements of merit employment systems, that preference be given to individuals aged 60 or older for State agency staff positions for which they qualify.

Section 1321.19 *Confidentiality and disclosure of State agency information.* The NPRM provided that no information about an older person could be disclosed in a form that identified the older person without his or her informed consent. The NPRM also provided the State agency must disclose to all interested persons all other information and documents developed or received by the agency in carrying out its responsibilities under this part. These requirements were similar to those in the existing regulations.

The commenters were divided on the e type of consent that should be required. Some commenters urged that all disclosure should require written consent. Other commenters wished to exclude information and referral (I&R) services from this requirement because the bulk of I&R services are by telephone. Two commenters urged that the section be rewritten so that "informed consent" would not imply "written consent." Some commenters expressed concern that the disclosure provisions in the NPRM were excessive and that State laws or rules should govern. It has also come to our attention that some State and area agencies may be requiring service providers to disclose routinely the names of older individuals to whom they provide services. We intended this restriction to apply to any disclosure by the service providers. The problem arises particularly with legal services providers, who may be under an ethical obligation to preserve the anonymity of their clients from everyone, including Federal, State, or area agency auditors.

*AoA response:* We revised this section to permit an older person or his or her legal representative to approve disclosure. This is consistent with the requirement for the ombudsman program at § 1321.43(e). We do not think that informed consent necessarily implies written consent. In our view, written consent would be preferable, and could be obtained in advance.

We have carefully evaluated whether the consent requirement should apply against the Federal, State, and area agencies which have statutory responsibility for the implementation of the Title III program. We are concerned not to adopt a position which would frustrate necessary monitoring or would jeopardize the Department's access to records under other programs it funds. We are also concerned not to unnecessarily infringe on the privacy of older people to whom we provide services. We have finally concluded that agencies administering the program must have access to that information which is necessary to ensure that each part of the program is administered properly. However, we intend for agencies to use the least intrusive methods possible to obtain the information necessary to fulfill particular monitoring objectives. One method that has worked well is the one of an independent auditor hired by the service provider and satisfactory to the monitoring agencies. At the same time, we urge providers to notify all participants that monitoring agencies may require disclosure, and to explain the purpose of this disclosure.

We have also revised the disclosure requirements for other information. Commenters who oppose this requirement seemed generally concerned that it was too broad, and would require disclosure of documents such as personnel records and intra-agency decision memoranda. However, we do not think that it is necessary or advisable to eliminate all disclosure requirements in this regulation in order to protect these kinds of documents from disclosure. We are unfamiliar with all of the disclosure requirements of the various States, and are concerned that the public may not have full access to appropriate documents if we made disclosure a matter of State law. We have therefore revised this section to provide that the State agency would not be required to disclose those types of information and documents that are exempt from disclosure by a Federal agency under the Federal Freedom of Information Act. We think that this exemption strikes an appropriate balance between the needs for confidentiality and free access to State agency information.

Section 1321.25 *Content of the State plan.* The NPRM required that the State plan be based on area plans. The NPRM also listed the State agency function requirements; area agency and area plan requirements; service delivery, fiscal, and information requirements of the State plan. Most of the comments on this section addressed the provisions in paragraph (g) regarding the resource allocation plan, means testing and the resource inventory. With regard to the resource allocation plan some commenters were concerned whether a multipurpose agency which serves as the State agency would be required to identify *all* the funds it administers, even if some funds were not used to provide services to older persons. Other commenters questioned the impact which the requirement to include *all* funds would have if the maintenance of effort rule applied to all funds included in the State plan. Both groups of commenters requested that the word *all* be deleted from paragraph (g)(3). Commenters on this section and on § 1321.109 generally agreed with the NPRM treatment of means testing. Many said that the NPRM definition should not limit knowledge of income information for data purposes or for referring individuals to other services where income may be used to determine eligibility. A small minority of comments totally favored means testing. A few commenters indicated that means testing should be used for certain services, notably legal services. Others

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commented that means testing was necessary in order to determine greatest economic need. Some commenters thought that it was burdensome and impractical to require the State plan to include a resource inventory of funds spent by other agencies in the State for services to older persons.

*AoA response:* We clarified our intent in paragraph (g)(3) by adding the words "for services to older persons" after the words "all funds." The revisions made in § 1321.205 clarify that not all State funds in the resource allocation plan are subject to the maintenance of effort requirement. We retained the language of the NPRM in paragraph (g)(4)(ii) prohibiting means tests for any service provided under this part. We think the legislative history of the Act and the Conference Report on the 1978 amendments quoted in the preamble to the NPRM express clear Congressional intent that there be no means test for any service under the Act. We agree that the requirement for a resource inventory may be burdensome, and have deleted it.

Section 1321.27 *Amendments to the State plan.* The NPRM required a State agency to amend its plan, hold hearings, and submit the amendment for A-95 clearance and the Governor's review, whenever the agency proposed to add, change, or delete any plan provision, or whenever State agency organization policy, or operation changed. Most commenters felt that major substantive changes should be subject to this formal review process, but that non-substantive additions, changes or deletions should not. Commenters were concerned that the requirements as written would result in unnecessary public hearings, additional paperwork and unreasonable administrative delay.

*AoA response:* We agree that the State agency ought to have the flexibility to make minor changes in its approved plan without going through the formal review process. We want to retain the hearing and review requirements for major changes and so we revised the provisions which specify which changes must be considered amendments. We want to emphasize that the State agency may not make any change, however minor, in the provisions or operation of its approved plan that is inconsistent with statutory requirements or the requirements of this part.

Section 1321.29 *Development and review of the State plan and plan amendments.* The NPRM provided that a State agency must meet the requirement that the State plan be based on area plans by giving all area agencies in the State an adequate opportunity to participate in the development of the State plan in order to ensure that the objectives established in State and area plans are consistent. The NPRM also proposed rules for public hearings and for review of the State plan or plan amendments by the State Advisory Council, State A-95 clearinghouse and the Governor.

Most of the commenters on paragraph (a) supported the basic concept that the State plan should be based on plans developed by area agencies in the State. However, they maintained that the process and procedures for deciding what goes into the State plan and for resolving differences between the State and area agencies were unclear. Most commenters on paragraph (b) supported the principle of holding public hearings; but stated that public hearings should be held only on substantive State plan amendments.

Some commenters suggested that what constituted "adequate notice" in paragraph (b)(2) was unclear and proposed that "notice should be given at least 60 days prior to the hearings." Some commenters were concerned that the term "throughout" might be interpreted to mean that more public hearings would be required than necessary to get a broad base of public opinion. Commenters recommended deletion of the words "throughout the State" and substitution of "in the State."

Comments received on paragraph (c) supported the principle of review by the State advisory council and A-95 clearinghouse. However, they recommended that the two reviews and comments be held concurrently.

*AoA response:* We concluded that although it is highly desirable for State and area agencies to enter into collaborative efforts in the development of the State plan, the State agency has the authority and the responsibility for the development of the State plan. It is essential to obtain necessary planning information from area agencies and to obtain area agency input on the setting of program objectives and priorities. However, the State agency on aging must make the final decisions on the content of the State plan.

Therefore, we changed the wording in paragraph (a) to require State agency consultation with area agencies for: (1) assessment of needs, (2) establishment of statewide priorities, (3) State plan review procedures, and (4) assurance that objectives in State and area plans are consistent.

We agree that only the substantive changes in the State plan specified in § 1321.27 require amendments to the plan and public hearings on those amendments. We concluded that it is important to allow States flexibility in determining the timing of public hearings. Therefore, we retained the language of the NPRM. The term "throughout" the State means only that States must set up procedures which provide for input from all areas of the State. This requirement does not imply that hearings must be held in every area of the State. Accordingly, we have retained it. We concluded that the State advisory Committee and A-95 review of the plan could occur simultaneously. Therefore, we accepted the comments and revised paragraph (c) to permit these provisions to occur simultaneously.

Section 1321.31 *Submission of the State plan and plan amendments to the Commissioner for approval.* The NPRM required the State agency to submit the State plan and amendments, signed by the Governor, to the Commissioner 90 days prior to the proposed effective date. All commenters were opposed to the 90 day time frame, with many recommending a 60 day time period.

In several instances, commenters expressed concern that the present requirement, coupled with the requirements for development and review of the State plan and amendments, would necessitate at least 150 days administrative lead time following preparation of the State plan or amendment.

*AoA response:* We accepted the suggestion of the majority of commenters who recommended that the time frame for a plan to be submitted to the Commissioner be reduced from 90 to 60 days.

Section 1321.41 *Advocacy responsibilities: general.* The NPRM listed a number of activities which the State agency must undertake to carry out its advocacy responsibilities on behalf of older persons.

Some commenters expressed concern with the burden of the responsibility in paragraph (a) to review and comment on all State plans, budgets and policies which affect older persons. Other commenters thought the requirement in paragraph (b) to conduct public hearings on the needs of older persons duplicated the efforts of area agencies, since area agencies are also required to conduct such hearings. Some commenters indicated the State plan format should include assurances by the Governor that all other State agencies will submit to the State agency on aging copies of plans, budgets and policies that impact on the lives of older persons. In addition, some commenters recommended that State and area agencies be given the responsibility to

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monitor all programs where older persons are employed.

*AoA response:* Section 305(a)(1)(D) of the Act requires the State agency on aging to review and comment on all State plans, budgets and policies which affect older persons. Therefore, while we recognize the concerns expressed by commenters, we cannot change this requirement. On the subject of public hearings, we think that the conduct of public hearings on the needs of older persons is an important responsibility for both State and area agencies. We do not view these as duplicative, since each level of hearing provides a different perspective on the needs of older persons. We want to emphasize that hearings on the needs of older persons differ in purpose from hearings on State and area plans. The public hearings on the needs of older persons are an advocacy activity to find out what should be done by and for older persons; hearings on State and area plans are an administrative activity to obtain public input on proposed plans for the provision of services under the Act.

Finally, we wish to point out that the purpose of these rules is only to regulate activities under the Older Americans Act, as amended. We believe that it might be useful for State and area agencies to monitor all programs where older persons are employed. However, we think that these agencies should have the discretion to decide whether they think that this type of monitoring is an effective use of their resources.

Section 1321.43 *Long-term care ombudsman program.* As expected we received a number of comments on the broad range of issues raised by these new statutory requirements. In general, comments on this section focused on the following major issues:

(1) *Funding.* The NPRM provided at § 1321.197 that the State agency must spend annually on the ombudsman program at least the greater of 1 percent of its social services allotment or $20,000. Commenters suggested that the program requirements were too ambitious for this level of funding and that State agencies currently lacked the resources or capabilities to accomplish the intent of these requirements.

*AoA response:* The minimum funding level proposed in § 1321.197 is required by Section 307(a)(16) of the Act. Since the regulations do not establish a maximum, State agencies are free to take any amount from the Title III-B funds which they think necessary to accomplish the intent of this section.

(2) *Operating Organization.* Some comments called for prohibiting groups or organizations that are directly associated with associations of long term care facilities, such as in a consultant capacity, from contracting with the State agency to operate the ombudsman program. Other commenters recommended that we prohibit operation of the ombudsman program outside the State agency.

*AoA response:* We agree that consultants of associations of long-term care facilities should not operate ombudsman programs. We have accordingly revised the regulation to prohibit agents as well as affiliates of these associations from operating a program. Section 307(a)(12)(A) of the Act authorizes a State agency to contract for the operation of this program. The regulations reflect this statutory provision.

3. *Definition of "any similar adult care home."* The overwhelming number of commenters stated that we should leave up to the State agency the definition of any similar adult care home, which is the fourth category of long-term care facilities that must be covered under the program.

*AoA response:* We agree with the commenters that, particularly at the beginning of this program, the State agency should determine, to the extent possible under statutory requirements, the facilities to be included in its program. Therefore, we defined any similar adult care home as defined by the State agency in the State plan and approved by the Commissioner.

4. *Investigation and resolution of complaints regarding administrative action.* The NPRM required, based on Section 307(a)(12)(A)(i) of the Act, that the ombudsman program investigate and resolve complaints relating to administrative action which may adversely affect the health, safety, welfare and rights of residents. Some commenters thought the regulation should emphasize the *effort* to resolve complaints. A number of commenters asked for a clarification of what constitutes "administrative action." Most commenters recommended a broad definition. Some commenters were also concerned that we not require the State agency on aging to duplicate the investigative, licensing, or monitoring functions of other State agencies. Some commenters recommended that the regulations allow more than one method for complaint resolution.

*AoA response:* We agree that "administrative action" should be defined. Although we recognize that a broad definition might require coordination with other programs, we think that a broad definition most accurately reflects the purposes of the program. We have therefore added the following definition: "Administrative action means any action or decision made by an owner, employee or agent of a long-term care facility, or by a government agency, which affects the provision of service to residents covered by this section." This definition would require ombudsman response to complaints involving such issues as quality of life and quality of care in long-term care institutions, reimbursement issues, discrimination against Medicaid patients, etc. This definition would not require ombudsman response to complaints dealing with family disputes and labor disputes, unless action or lack of action by facilities or government agencies related to such disputes adversely affected residents of long-term care facilities. This definition is in keeping with the recommendation of the Ombudsman Task Force formed to assist AoA in implementing the ombudsman legislation.

The statute requires that the program resolve complaints, not simply attempt to resolve them. However, the regulation leaves to the State agency the discretion to choose appropriate methods of resolution. We recognize that there will be many instances in which the program will not be able to achieve full resolution of complex problems giving rise to specific complaints. We expect only that the program take whatever steps are reasonable and feasible to achieve this full resolution.

5. *Legislation.* A number of commenters recommended deleting the requirement that the ombudsman monitor legislation pertaining to long-term care. Others recommended that the ombudsman be required to participate in the development of such legislation.

*AoA response:* The requirement for the ombudsman to monitor legislation is contained in Section 307(a)(12)(A)(ii) of the Act. We did not expand on this requirement to include a mandate for the ombudsman to assist in developing legislation because we are concerned that the programs would not have sufficient resources to carry out this requirement, and because we are not certain whether this type of requirement is appropriate.

6. *Access to facilities and residents.* The NPRM provided that the State agency establish procedures for "appropriate access" to facilities and residents and their records. The NPRM required prior written consent from the resident for access to his or her records. Some commenters requested clarification of what constitutes "appropriate access" to the facility and residents. Some commenters also requested that we differentiate between access for volunteers and access for

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paid staff, and that we also require access for area agencies. A few commenters recommended amending the NPRM language to specify the right to meet privately with residents. Comments related to access to residents' records focused on the NPRM requirement to obtain written consent from each resident as a condition for access to his or her records. A number of commenters opposed this provision because it could jeopardize the anonymity of the individual whose complaint is being investigated, it would conflict with some State ombudsman laws, and it conflicted with the legislative intent that the ombudsman have access to such records. Some commenters were also concerned that the State agency would not have the authority to require access to facilities and records.

*AoA response:* In response to the comments and the recommendations of the Ombudsman Task Force, we revised the regulation to provide that the State agency must establish procedures to ensure that all representatives of the ombudsman program are given appropriate access to facilities and appropriate and confidential access to residents, but that only the ombudsman and those specifically designated by the ombudsman are given access to resident's personal and medical records. The requirement that the ombudsman not obtain access to a patient's records without the written consent of the resident or his or her representative has been dropped in these final regulations in response to the comments, but the disclosure requirements have been strengthened to require that the identity of the complainant or resident is disclosed by the ombudsman only to persons specified by the complainant or resident or his or her representative. We think that State agencies should be responsible for obtaining the authority under State law that is necessary for them to require access, and should decide whether they want to require access now to area agencies as well. For the present, we are leaving to the State agency to specify further what constitutes "appropriate access." We are, however, carefully reviewing this issue in the context of all the programs the Department administers in which the issue arises, and may develop further regulations or program guidance on it in the future.

Section 1321.47 *State advisory council on aging.* The NPRM listed the functions of the council; required that at least fifty percent of council members be at least 60 years of age, required council meetings at least quarterly; and directed the State agency to provide staff and assistance to the council.

A number of commenters indicated concern about the composition, role, and function of the State agency advisory council. The majority of commenters recommended including program participants and minority older persons on the council.

*AoA response:* We revised the provision for composition of the advisory council to require that older members of the council include those with greatest economic or social need and actual recipients of services under this part. In making these additions we think, for the reasons noted in our discussion of § 1321.3, that minority older persons will also be represented on the advisory council. We agreed with those commenters who thought there should be a more complete statement about the role and functions of the advisory council than that given in the NPRM. However, we concluded that the regulations were not the appropriate place for such a statement. We think this is a matter for each State to address. Therefore, we required the State agency to establish and make public by-laws governing the advisory council.

Section 1321.49 *Intrastate funding formula.* The NPRM proposed that the intrastate funding formula must include a minimum funding base for each area agency, assure that rural areas receive 105% of the amount spent in fiscal year 1978 under the Act for services, reflect the distribution of persons aged 60 and over with greatest economic need, and reflect the availability of other State and Federal funds for services.

Several commenters recommended the deletion of these requirements because they felt they went beyond the statutory requirements and intent of Congress.

Many commenters asked if the minimum funding base applied only to the area agency administration. Other commenters wanted the formula to contain a hold harmless clause for area agency funding levels. Several commenters requested different criteria be used for nutrition service funds and social service funds.

Equal numbers of comments supported and opposed the requirement concerning consideration of the distribution of persons aged 60 and over with the greatest economic need. Many suggested adding "social need" as a criterion.

A number of commenters opposed the requirement that the availability of other State and Federal resources be a criterion. Several commenters wanted to delete the requirement that State agencies submit a summary of comments about the formula to the Commissioner. Others recommended updating the formula each year.

*AoA response:* Section 305(a)(2)(C) of the Act requires each State to develop an intrastate formula, in accordance with guidelines issued by the Commissioner. We do not believe the proposed criteria in the NPRM went beyond statutory authority. We think that all of the criteria proposed are appropriate to ensure that funds are distributed within a State in a manner that is most likely to ensure that the service delivery requirements of the Act are met. We have accordingly retained the requirement for a minimum funding base as it appeared in the NPRM. The base requirement applies to both administration and services, but we have revised the language to make clearer our intention that each area agency receive the same base grant. We think the requirement for a funding base is a necessary part of an intrastate formula. We believe that a minimum funding level is necessary to assure that each area agency has the resources to carry out its basic responsibilities. We have not required a hold-harmless provision because the purpose of these regulations is merely to set forth general criteria.

We retained the statutory requirement that the intrastate funding formula reflect the distribution of persons aged 60 and over. In response to the comments, we modified the requirement that the formula reflect the proportion of those with greatest economic need to include greatest social need also. Although we are concerned, as we indicated in the NPRM, that States do not have sufficiently quantifiable data on all aspects of social need, we have concluded that some aspects, such as isolation or advanced age, are quantifiable, and that the proportion of older people among planning and service areas with those characteristics can be measured. Although we think, as we indicated in the NPRM, that the formula should take into account the availability of other funds, we recognize that this may be a burdensome requirement for many State agencies, and so are not imposing it in the final regulations. We retained the requirement for a State summary of comments because it is necessary for us to know what people in the State think about the formula in order properly to understand and comment on it.

We do not think that it is appropriate for these regulations to specify different criteria for nutrition and social service funds. We believe that decisions which

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are that detailed should be left up to the State agency. We also think the State agency should be allowed the discretion to decide whether to update its formula more frequently than the three year update required by these regulations.

Section 1321.51 *State agency hearings.* This section of the NPRM required the State agency to provide a hearing under various circumstances to area agencies, units of general purpose, local government and service providers. The section specified the applicable timing and procedures for the hearings.

A number of commenters objected to this section in its entirety believing a requirement for such hearings to be unnecessary, burdensome, and potentially divisive. Others supported the general requirements but were confused by the apparent duplication of requirements for units of general purpose local governments. Some commenters opposed extending hearing privileges to service providers or suggested that these take place first at the area agency level. A number of commenters suggested less extensive hearing procedures for service providers. Several commenters suggested that regulations provide fair hearing procedures for older persons who are participants or who apply to receive services.

*AoA response:* Section 307(a)(5) of the Act requires the State agency to provide the opportunity for a hearing on request to area agencies, and service providers and applicants. Section 305(b)(1) requires the agency to provide the opportunity for a hearing on request to any unit of general purpose local government with a population of 100,000 or more which applies for designation as a planning and service area. Section 305(b)(4) provides for the opportunity for a hearing before the Commissioner to any unit of general purpose local government, region, metropolitan area, or Indian reservation which is denied designation. We agree that the proposed hearing provisions for units of general purpose local government of 100,000 or more were confusing. We have revised this section to provide for a single State agency hearing for all units of general purpose local government whose applications for designation as planning and service areas are denied. This hearing would implement Section 305(b)(1), and serve as the basis for any appeals to the Commissioner.

We have revised this section to clarify its provisions, and have made several other substantive changes. In response to comments that the proposed procedures for service providers and applicants were inappropriately detailed, we have revised those requirements and left up to the State agency the procedures for those hearings. We think that it is appropriate for State agencies to decide on these procedures. We would require the agency to follow specified procedures for defunding nutrition projects in operation on September 30, 1978, because Section 5 [illegible] of the 1978 Amendments specifically provides special protection to those projects, and provides that they may not be defunded except pursuant to regulations issued by the Commissioner.

In response to comments that the proceedings might be protracted, we added requirements that an area agency or unit of general purpose local government that wishes a hearing must file a written request within 30 days following receipt of a formal notice of an adverse action by the State agency, and that the State agency must issue its decision within 60 days after completion of the hearing. In general commenters did not oppose our specification of certain procedures for area agency designation or area plan disapproval. We think that these minimum procedural requirements are appropriate for hearings involving decisions affecting the administration of the entire planning and service area, and have accordingly retained them in the final regulations.

We do not believe it would be appropriate for us to require a State or area agency to provide an opportunity for a hearing to participants or applicants. Title III of the Act is not an entitlement program. State and area agencies must follow certain priorities in selecting older individuals to be served and services to provide, but no older individual is entitled to services under the Act. Furthermore, there is no specific statutory requirement that these hearings be provided. Of course, a State or area agency would be free under these regulations to impose such a requirement if it chose.

*Section 1321.53 Designation of planning and service area.* This section of the NPRM implemented the requirement in Section 305(a)(1)(E) of the Act that the State agency divide the State into planning and service areas in accordance with criteria specified in the statute and by the Commissioner, and provided for application for such designation by units of general purpose local government, regions, and Indian reservations.

A number of commenters interpreted the general rule that a State agency must divide the State into planning and service areas (PSA's) to mean that the State agency must *redesignate* all PSA's. Based on this understanding, they opposed redesignation as wasteful and disruptive. Some commenters wanted groups of reservations to be eligible for designation as a PSA. A number of commenters also wanted some assurance that the State agency would consult existing area agencies before redesignating any PSA boundaries. A few commenters objected to the proposed requirement that the State agency must provide an opportunity to apply for PSA designation to any unit of general purpose local government, region, or Indian reservation. Several commenters suggested that the July 1, 1980 date in paragraph (a) be changed to September 30, 1980.

*AoA response:* We have revised this section to clarify that the State agency may designate any areas it thinks best reflect the criteria set forth in the regulations. The regulations implement the statutory provisions by specifically encouraging certain types of planning and service areas, such as all portions of an Indian reservation. The regulations would also allow for inclusion of more than one reservation in a PSA.

With respect to redesignation, we did not intend to require a State agency to redesignate new planning and service areas. This section simply sets forth criteria the State agency must follow in designating planning and service area boundaries. If the agency finds that application of these criteria would require designation of new areas, it is the agency's responsibility to make that designation.

We do not think that State agencies should be required to consult with existing area agencies before designating planning and service areas because area agencies may have a vested interest in maintaining the present areas. However, we believe it would in most cases be prudent for the State agency to undertake this consultation.

We retained the requirement that the State agency must provide an opportunity to apply for designation to any unit of general purpose local government, region or Indian reservation. We think that this requirement is consistent with Section 305(b)(4) of the Act that assures an opportunity for a hearing upon denial of designation.

Section 1321.57 *Interstate planning and service area.* This section of the NPRM implemented the provision of Section 305(b)(3) of the Act for designation of interstate planning and service areas. The regulations would have required each affected Governor to list in the State's application the conditions agreed to for the interstate PSA. We concluded from our experience

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developing the Navaho interstate PSA that it would be useful to have the conditions agreed to formally, and have revised these regulations to require such a prior agreement.

Section 1321.61 *Designation and functions of area agencies.* The NPRM required the State agency to designate an area agency in each PSA in which the State agency decides to allocate funds under this part. The NPRM also cited the purpose of designating area agencies; listed procedures before designation; and set a timetable for designation.

Many commenters were confused by the term focal point in paragraph (b) of this section, particularly in relation to the requirement in § 1321.95 that area agencies designate community focal points in community service areas. Other commenters objected to the concept of redesignation in paragraph (d) because they thought the procedure would be wasteful, disruptive and lacked a statutory basis. Commenters also objected to the requirement in paragraph (d) that designation or redesignation be within 150 days of the effective date of the final regulation, or by September 30, 1980, whichever is later.

*AoA response:* Section 306(a)(6)(D) of the Act clearly mandates that the area agency serve as the advocate and focal point for the elderly within the community by monitoring, evaluating, and commenting on all policies, programs, hearings, levies, and community actions which affect the elderly. This notion of focal point is very different from the use of the term in Section 306(a)(3) of the Act where the emphasis is on focal point for *comprehensive service delivery.*

We deleted paragraph (d) because of the misunderstanding it generated. Our intention in the NPRM was to emphasize the responsibility of the State agency to assure that area agencies have the capacity to carry out the added responsibilities assigned them by the 1978 Amendments, not to require automatic redesignation.

Section 1321.63 *Types of agencies that may be an area agency.* The NPRM listed the various types of agencies that the State agency may designate as area agencies and required that the State agency give preference to an established office on aging or an Indian tribal organization in any PSA whose boundaries are essentially the same as those of an Indian reservation.

The main issue raised by commenters on this section was that the language of the NPRM seemed to preclude planning bodies or Councils of Government (COG's) from being designated as area agencies on aging. Commenters also recommended language to allow a consortia of tribal governments to be designated an area agency. In some instances, for example, where more than one reservation is designated as a single PSA commenters noted that a consortia of tribal governments is the most appropriate vehicle to serve as the area agency.

*AoA response:* We did not intend to eliminate regional Councils of Government or regional planning agencies as eligible for designation as an area agency. Paragraph (a)(3) states that any office or agency proposed by the chief elected officials of a combination of units of general purpose local government may be designated as an area agency. This clearly includes regional planning bodies or COG's. We also amended paragraph (b)(2) to allow more than one tribal government for example, a consortium, to be designated as an area agency, if the consortium is one of the types of agencies or organizations specified in paragraph (a). We did so because we agreed that where more than one reservation is included in a single PSA a consortia of tribal governments may properly serve as the area agency.

Section 1321.65 *Organization of the area agency.* In the NPRM we removed the single organizational unit requirement for area agencies that are multipurpose area agencies. Most commenters objected to the relaxation of the single organizational unit requirement. The arguments by some commenters in favor of a single organizational unit were similar to those received regarding organizational structure at the State level. (See discussion under § 1321.13 above). These arguments included the need for a single focal point on aging at the local level, conflict between the concept of Title III services consolidation and the potential for organizational and services fragmentation, diffusion of administrative accountability and program responsibility, and the subordination of elderly interests to the general interests of the multipurpose organization. A large number of commenters opposed the requirement that a multipurpose agency be established to administer human services because they felt it would eliminate organizations such as Council of Governments and other regional planning organizations. Several commenters noted that this provision would also prevent the designation of Indian tribal organizations as area agencies on aging.

*AoA response:* As noted in our response to comments concerning § 1321.13, we agree that programs under the Act should be administered in the way that ensures the most effective delivery of services to older persons. However, as with the State agency, we think that the regulations should allow a degree of flexibility to accommodate situations in which an area agency can effectively carry out its responsibilities under this part without a single organizational unit. Therefore, these regulations allow the State agency to approve a request from an area agency for a waiver of the single organizational unit requirement if the State agency finds that the area agency can effectively carry out its functions and responsibilities under this part with only a component unit.

Section 1321.67 *Area agency procedures.* (Section 1321.69 in NPRM). The NPRM required that the area agency have written procedures for carrying out all of its functions under this part.

A majority of commenters supported this section, but a number recommended its deletion. Major reasons given for deletion were that State agency policies covered area agencies. Some commenters recommended that the requirement be limited to administrative procedures.

*AoA response:* We have changed the requirement in the final rule to provide that State agencies determine what should be included in these procedures.

Section 1321.69 *Staffing* (Section 1321.67 in NPRM). The NPRM set forth the requirement that, subject to merit system requirements, area agencies must give preference in hiring for full or part-time positions to persons 60 and over.

Several commenters advocated requiring a "full-time area agency director and staff." Other commenters recommended giving hiring preference to "minorities and linguistic groups."

*AoA response:* We changed this section to require a qualified full-time area agency director, and adequate numbers of other qualified full-time and part-time staff. See our comments relative to § 1321.17 for additional points.

Section 1321.73 *Duration and format of the area plan.* The NPRM required a three-year area plan in accordance with a uniform plan format, a time period determined by the State agency, and other instructions from the State agency.

Some commenters recommended a number of additional requirements including annual updates of the plan and amendments, and mandated coordination with the three-year

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planning cycle for health systems planning.

*AoA response:* Section 307(a)(1) of the Act gives the State agency the authority and responsibility to prepare and distribute a uniform area plan format. Section 306(a) describes the area plan as being for a three-year period with such annual updates as may be necessary. Section 1321.79(e) of these regulations clearly provides the State agency with the authority to require annual amendments. We believe that these regulations prescribe sufficient area plan requirements and that decisions with respect to additional requirements should be left for the present to the discretion of State agencies. Therefore, we retained this section as it appeared in the NPRM and did not impose any of the further requirements suggested by commenters.

Section 1321.75 *Comprehensive and coordinated service delivery system.* The NPRM required the area agency to provide for the development of a comprehensive and coordinated service delivery system for all social and nutrition services needed by older persons in the PSA. The NPRM proposed a logical construct of such a system in which the services provided to older persons were viewed as falling into four general categories: services which facilitate access; services provided in the community; services provided in the home; and services provided to residents of care providing facilities.

Many commenters objected to the provisions of paragraph (b)(4) concerning services provided to residents of care providing facilities. Many commenters recommended deleting the paragraph. Though commenters agreed that residents of long-term care facilities need services, they were concerned that without additional funding, certain services designed to keep individuals in their own homes would suffer in the effort to meet the requirements of this section.

Some commenters noted that the list of services under paragraph (b)(1) was not inclusive, and the regulation should either highlight the fact that this list is only a set of examples, or add additional services. Some commenters suggested that legal services be included as among the services which may be provided in the home and to residents of care providing facilities.

*AoA response:* We want to clarify several matters concerning the provisions of this section. Section 302(1) of the Act defines a "comprehensive and coordinated system" as a system for providing all necessary services, including nutrition, in a manner designed, among other things, to facilitate accessibility to, and utilization of, all social services and nutrition services provided within the geographic area served by such system by any public or private agency or organization.

The area agency is expected to develop the comprehensive and coordinated system over a period of time. Ideally, the system should provide for the coordinated use of all public and private resources for older persons, not solely Title III funds. Therefore, while any of the services listed in the four categories may be funded with title III resources, the area agency is also expected to coordinate the use of other resources as part of the comprehensive system described here. If the comprehensive and coordinated system is understood as developmental in nature and as including all public and private resources available to serve older persons, there is no reason to expect that there will be a loss of in-home service as a result of identifying services to residents of care providing facilities as a component of the system. In addition, the Act makes services available to older persons regardless of the older person's place of residence. The opportunity for an older person to receive services under the Act is not restricted because the older person is resident in an institution. We expect the area agencies will not allow funds under this part to be used for services for which other Federal funds such as Medicare or Medicaid, or Title XX are available. We do not, however, want to prevent institutionalized older persons from receiving needed services when other funds are not available.

In response to other comments, we think the words "such as" preceding each list of services is sufficient indication that the services listed are examples, and not a complete list. We did, however, include legal services in the list of services in paragraphs (b)(3) and (b)(4).

Section 1321.77 *Content of the area plan.* This section of the NPRM set forth the required provisions of an area plan, including the area agency function requirements and fiscal and information requirements. Commenters were mainly concerned about the area agency function requirement for monitoring, evaluation, assessment and technical assistance. They suggested that these requirements would cause a severe drain on limited staff time. Commenters recommended deleting the requirement for evaluation and adding the words "if possible and if feasible" to the other requirements. Some commenters objected to evaluating other agencies.

The majority of commenters responding to the information requirements were concerned with resource allocation plans and proposed methods for giving preference to those in greatest economic or social need without means testing. A number of commenters felt that the requirement regarding resource allocation should be deleted. Most stated that the language should be modified in order to include only funds for programs for older persons. The item related to means testing received the most comments under this subsection. Equal numbers of commenters either endorsed means testing or opposed it.

*AoA response:* The area agency function requirements are imposed by Section 306 of the Act. Therefore, we did not eliminate any of these requirements. In some cases the statute imposes requirements only "if possible" or "where feasible" and we have retained those qualifiers in these regulations.

Section 306(a)(1) of the Act requires an area plan to evaluate the effectiveness of the use of available resources in meeting the needs of older persons, and section 306(a)(6)(A) requires the area agency to conduct periodic evaluations of activities under the plan. We would like to emphasize that these provisions allow the area agency considerable discretion in conducting these evaluations. We would also like to emphasize that these evaluations are not only a statutory requirement, they are an essential part of an area agency's management responsibilities.

We have revised the resource allocation plan requirement to limit it to funds administered by the area agency for programs for older persons. We have decided not to limit the plan to funds awarded under Title III because the area agency is responsible under the Act for developing a comprehensive and coordinated service delivery system for older persons throughout the planning and service area. We think that the information on decisions area agencies make with respect to all funds for older persons is useful to the State agency and to the public in evaluating the effectiveness of the area agency and its plan.

We retained the language prohibiting means tests for any service provided under this part. We think the legislative history of the Act, discussed fully in the preamble to the NPRM, supports our requirement that there be no means test for any service under the Act.

Section 1321.79 *Amendments to the area plan.* Many commenters recommended that we revise or delete paragraph (d) which required the area

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agency to amend its plan if it proposed to add, change or delete any plan provision. Most commenters requested that we make a distinction between substantive and nonsubstantive changes to the area plan and that we only consider substantive changes to be amendments to the plan. Several commenters indicated that the area agency should have the flexibility to make minor administrative and technical changes without the public hearing required for plan amendments.

*AoA response:* We agree that only substantive changes in the area plan should be required a formal amendment, and have accordingly revised this section in the final regulations. As revised, this section specifies a more limited set of circumstances in which the area agency must amend its plan. Under the final regulation, any other minor modifications to the approved area plan would not be subject to the formal amendment process.

Section 1321.81 *Review of the area plan and plan amendments.* The comments received on this section were similar to those received on § 1321.27.

*AoA response:* We revised this section to a manner simiiar to § 1321.27.

Section 1321.85 *Withdrawal of area agency designation and continuity of services.* The NPRM provided the circumstances under which the State agency must withhold payments to an area agency; and outlined procedures for continuity of services in a PSA after withdrawal of an area agency's designation.

Commenters suggested that in paragraph (a)(2), the words ". . . or plan amendment" should either be deleted or those types of plan amendments should be defined that would be a cause for termination of funding. Some commenters also recommended that the period of time of 180 days in paragraph (c) should be extended since there are circumstances in which a longer period of time may be necessary.

*AoA response:* We think the changes made in § 1321.79 respond to the concerns expressed about possible ambiguity of the words "or plan amendment". We chose to retain the provision in paragraph (c) that sets a limit of 180 days within which the State agency must designate a new area agency. However, we believe there are circumstances in which an absolute adherence to this provision would not be in the best interest of the program. Therefore, we included in paragraph (d) provision for the Commissioner to extend the 180 day period when he or she judges there is need for an extension.

Section 1321.91 *Advocacy responsibilities of the area agency.* The NPRM listed a number of activities which the area agency must undertake to carry out its advocacy responsibilities on behalf of older persons. Many commenters felt that the "must" at the beginning of this section should be changed to "may" or "should" to imply more flexibility for the area agency in carrying out the provisions. Of the individual provisions, paragraphs (a) and (d) received the most comments. Many commenters expressed concern with the requirement in paragraph (a) that the area agency must monitor, evaluate and comment on *all* policies, programs, hearings, services, and community actions which affect older persons. They stated that their staff was too limited to carry out this requirement. Paragraph (d) of the NPRM required area agencies to coordinate activities in support of the statewide long-term care ombudsman program. The main issues raised by commenters about paragraph (d) were: (1) the ombudsman program is a State program and if area agencies are involved they should receive special funding; (2) the requirement is duplicative of State agency activities; and (3) area agencies need some direction from the State to help in this coordination.

*AoA response:* The requirements in paragraph (a) are taken from Section 306(a)(6)(D) of the Act. It is not possible to change these to some less stringent requirements. We recognize, however, the limited staff and funds which an area agency has to devote to these responsibilities. We agree that, as stated in the NPRM, paragraph (d) was confusing. We revised paragraph (d) to require the area agency to carry out activities in support of the State administered long-term care ombudsman program. We think this clarifies that the State is primarily responsible for the ombudsman program; but also points out the responsibility of the area agency to assist in this effort as part of its basic advocacy responsibilities and its duty to develop a comprehensive and coordinated system for the delivery of services in its PSA. The coordination of legal services, protective services, information and referral, case management and other services may be necessary to support ombudsman activity.

Section 1321.93 *Area agency general planning and management responsibilities.* The NPRM identified fourteen responsibilities in this section which the area agency must carry out. Most of the comments received addressed paragraphs (b), (d), and (j). Paragraph (b) required assessing the kinds and level of services needed and assessing the effectiveness of other public and private programs serving those needs. Some commenters questioned the authority of area agencies to assess programs which are not funded through the area plan.

Paragraph (d) required providing technical assistance to, and monitoring and periodically evaluating the performance of, all service providers under the plan. Commenters opposed the area agency carrying out these functions for those services that it provided directly. Paragraph (j) required the division of the area into community service areas and the designation of community focal points. Commenters indicated that the NPRM was unclear as to the meaning of community service area and community focal point. They suggested that the paragraph needed to be revised to be in line with § 1321.95.

*AoA response:* We modified the language of paragraph (b) to follow the language of the Act in Section 306(a)(1). We changed ". . . effectiveness of other public and private programs serving those needs" to read ". . . effectiveness of the use of resources under the area plan in meeting these needs." The word "evaluate" in paragraph (d) is taken from Section 306(a)(6)(A) of the Act and is retained as stated in the NPRM. We deleted paragraph (j) concerning designation of community service areas as it appeared in the NPRM and corrected the lettering of subsequent paragraphs.

Section 1321.95 *Designation of community focal points for service delivery.* The NPRM required each area agency to divide its planning and service area into community service areas, using specified criteria, then to designate, where feasible, as community focal points, organizations which would perform certain functions including providing access to emergency services. The NPRM defined "community focal point" in § 1321.3 as a place for collocation and coordination of service delivery.

Most commenters opposed the requirement for division of the planning and service area into community service areas, and felt that area agencies should have discretion to make this division. A large number of commenters indicated confusion regarding the distinction between the "community focal point" language in this section and the role of the area agency as focal point. Some commenters indicated it was unclear whether the focal point is an organization, a building, or a coordinated network of services

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Many commenters stated that a strict interpretation of this section would have an adverse impact on rural areas which lacked resources and population concentrations necessary to qualify. A few commenters were concerned that the section implied a termination of existing services in order to concentrate the delivery of services through focal points. A number of commenters objected to community focal points as an additional layer of bureaucracy. Many commenters requested a more specific definition of emergency services or indicated that the requirement appeared to duplicate existing emergency services in the community.

*AoA response:* The 1978 amendments to the Older Americans Act required in Section 306(a)(3) that area agencies ". . . Designate, where feasible, a focal point for comprehensive service delivery in each community to encourage the maximum collocation and coordination of services for older individuals, and give special consideration to designating multipurpose senior centers as such focal points."

We realize from the large number of adverse comments which were received that most people involved in service delivery under the Act are very concerned about the implications of this new statutory requirement, and that our regulations should be drafted to give area agencies broad flexibility in its implementation. We have accordingly significantly redrafted this section in response to the comments received.

We have eliminated the requirement for division of the planning and service area into community service areas. We have instead set forth a series of criteria that the area agency must consider in deciding in which communities to designate focal points for service delivery. These criteria are similar to those specified for community service area designation in the NPRM. They incorporate the statutory requirement for preference for those in greatest economic or social need, and require the area agency to consider existing service delivery patterns and natural communities, and the location of facilities that are suitable for designation as focal points. The final regulations clarify that the community focal point is not an organization, but a location for collocation of service delivery. We have eliminated the requirement that the focal point perform any specified set of functions, and are instead simply requiring the area agency to take certain steps to facilitate the collocation of services at designated focal points, and to ensure that those services are convenient and accessible to older persons. We think that community focal points are an essential mechanism for achieving the objective of a comprehensive and coordinated system of services, and urge area agencies to provide the maximum possible services integration at the focal points it designates.

Since the Act specifies that multipurpose senior centers be given special consideration for designation, the area agency must take existing centers into consideration in deciding in which communities to designate focal points. We also urge area agencies to develop other centers and congregate nutrition sites into focal points. We expect that area agencies will make maximum use of existing service delivery facilities in designating focal points.

The community focal point is not intended to be an additional administrative layer, nor is it to assume the functions and responsibilities of the area agency on aging. The community focal point is a facility located within a defined community which provides older persons with the maximum direct access possible to the services available within that community.

Section 1321.97 *Area agency advisory council.* The NPRM specified the functions of the advisory council in paragraph (a) and prescribed the composition of the council in paragraph (b). Most commenters addressed paragraph (b), the composition of the council. The largest number of commenters cited the failure of the NPRM to specifically mention membership of minorities, low income or linguistic representativeness of council members. Other commenters felt that there should be a requirement for a nutritionist or nutrition project representative on the council. Most commenters supported the requirement for more than 50 percent membership of older persons; but many also suggested the language require that some or a fixed percent of the older persons be consumers of services under this part. A number of commenters also suggested a parallel between State and area advisory council requirements.

*AoA response:* We revised this section to more closely parallel the provisions for the State advisory council. Refer to our response to § 1321.47 for a further discussion of advisory council composition.

Section 1321.101 *State agency approval of area agency subgrants or contracts.* The NPRM prohibited State agencies from requiring area agencies to submit any proposed subgrants or contracts with public or private non-profit agencies or organizations for prior review or approval. The section, however, required area agencies to submit to the State agency for prior approval any proposed contracts with profitmaking organizations. The NPRM permitted the State agency to approve the contracts only if the area agency demonstrated that a profit making organization would provide services clearly superior to available public or private non-profit providers.

Some commenters opposed State agencies being prohibited from requiring area agencies to submit all subgrants or contracts for prior approval or review, including those with private non-profit agencies or organizations. Other commenters stated that the NPRM language appeared to discriminate against profit making organizations, or that no statutory authority exists to allow States to require area agencies to submit any contracts for prior review or approval. Still other commenters felt that private profit making organizations should be prohibited from contracting for services regardless of the quality of their services, because there is no way to effectively monitor private profit making organizations.

*AoA response:* Section 213 of the Act requires State agency approval before a recipient of a grant or contract may enter into an agreement with a profit making organization and requires such organization to demonstrate clear superiority with respect to the quality of services covered by such contract. On the other hand, our policy for some time has clearly supported the authority of the area agency to award grants or contracts to public or private non-profit agencies or organizations without prior State agency review or approval (Program Instruction 77-5). In approving the area plan, the State agency accepts the assurances of the area agency that it is capable of carrying out its responsibilities under the plan. Making grants or entering into contracts is a normal exercise of area agency responsibility and hence should not be subject to prior review and approval by the State agency, except as provided under Section 213. Of course, the area agency must monitor contracts with private profit making organizations in the same manner as other public or private non-profit contractors, and we expect that it will not enter into contracts with any organization that it cannot effectively monitor.

Section 1321.103 *Direct provision of services by State and area agencies.* The NPRM separated services provided by State and area agencies into two groups, and set forth separate tests for determining when direct provision was

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necessary to assure an adequate supply. For services not directly related to the statutory functions of an area agency, the test would have required an area agency that was providing the service before its designation to stop, unless stopping would result in a disruption of the service. Many commenters felt that area agencies should be more restricted, although many also felt that area agencies should be allowed to provide services directly without restriction. Many commenters requested that we define words such as "effectively" and "efficiently," which we used in the tests.

*AoA response:* We have carefully reviewed the tests set forth in this section in light of the comments received, and in light of currently pending litigation involving this issue. We would like to reemphasize that, under Section 307(a)(10) of the Act, direct delivery must be the exception, rather than the rule. In response to arguments that our proposed test of: "no other agency can and will effectively provide the service" would authorize the area agency to provide services directly whenever it could demonstrate any increase in cost effectiveness, we have revised the regulations to require the area agency to make an affirmative showing that it can and will provide the service substantially more effectively and efficiently. We are particularly concerned that area agencies not provide directly those services that are not directly related to their statutory functions. We were concerned that our "disruption" test for area agencies that had been providing services directly prior to designation would be interpreted too loosely. Accordingly, we have eliminated it and are requiring that all area agencies meet the same tests, regardless of when they propose to provide the service directly.

We have also defined effectively for purposes of this section as the capacity to provide a defined service; and efficiently as the relative total cost of providing a unit of service.

Section 1321.111 *Contributions for services under the area plan.* The NPRM provided that each service provider must give each older person information about the cost of the service and must provide each older person with an opportunity to contribute freely to part or all of the cost of the service. The NPRM also provided rules concerning use of contributions, contribution schedules, and a prohibition on denial of service for failure to contribute. Most of the commenters were pleased with the overall intent of this section, but many suggested changes. Those commenters who opposed the provisions of this section did so because they favored some types of fees or sliding scale for services.

A few commenters recommended allowing service providers to determine if they would provide an opportunity to contribute. Other commenters expressed concern that contributions were inappropriate for certain categories of services, or that having a policy of voluntary contributions would add burdensome fiscal responsibilities to account for the use of the contributions, or might adversely affect activities of the service provider that were offered on a sliding fee scale.

A large number of commenters opposed the provision in paragraph (a)(1) relative to giving information on the cost of service. Many felt that informing an older person about service cost constituted an implied form of pressure. Others indicated that it was at times difficult to determine cost for certain services on a unit basis, for example, an I&R call. A large number of commenters expressed opposition to the limit imposed by paragraph (a)(7) on the manner in which they had to spend contributions. Many indicated that greater flexibility should be permitted in this area. On another point, commenters were divided on whether the area agency or service provider should determine how contributions were to be used to increase service.

*AoA response:* We kept the requirement in paragraph (a) because we think that a service provider should be required to give an older person the *opportunity* to contribute. We agree that contributions may not be as likely to be received for some types of services as for others. We also agree that in some cases it is inappropriate or impractical to give an older person information about the cost of a particular service. Therefore, we removed the requirement for telling the older person the cost of the service.

We kept the provision of paragraph (a)(7) which requires that each service provider use all contributions to expand the services of the provider under this part and that each nutrition services provider use contributions to increase the number of meals served. We appreciate the desire of some service providers to have flexibility in the use of contributions, but think that contributions collected as a result of providing services under this part should be used to expand services for older persons. In general, for all services except nutrition, service providers have a degree of flexibility within the basic rule. Section 307(a)(13)(C) of the Act requires that all contributions for nutrition services be used to increase the number of meals served.

Section 1321.113 *Maintenance of non-Federal support for services.* The NPRM required that each service provider under the plan must assure that funds under this part are not used to replace funds from non-Federal sources and must agree to continue or initiate efforts to obtain funds from other public and private sources for services funded under this part. Most commenters on this section opposed the maintenance requirement for service providers. Commenters regarded the requirement as: (1) inconsistent with the "voluntary" aspects of contributions from non-Federal sources, (2) as forcing "over matching", (3) an area agency responsibility, not the service provider's; (4) unable to be implemented because most service providers do not have control over funding levels in the community; and (5) a disincentive to obtaining additional funds from local organizations.

*AoA response:* Section 306(a)(1) of the Act requires the area agency to develop a comprehensive and coordinated service delivery system that makes the most efficient use of social and nutrition services in meeting the needs of older persons and uses available resources efficiently and with a minimum of duplication. We think that these provisions give us the necessary authority to require service providers under this part to actively cooperate in the development of the comprehensive and coordinated service delivery system. We think the efforts of the area agency to develop a comprehensive and coordinated service delivery system would be seriously impeded if service providers could substitute Title III funds for other resource already available for services to older persons, or if service providers were permitted to be passive recipients of Title III funds with no responsibility to seek additional resources for the system's development. While we recognize that providers cannot require voluntary organizations to contribute, we think that providers can take steps to ensure that support that they previously obtained is not removed; and we think it is appropriate to require area agencies to use only providers that take these steps.

Section 1321.115 *Advisory role to service providers of older persons.* The NPRM required each service provider under the area plan to have procedures for obtaining the views of participants on the services they receive.

The majority of commenters endorsed the concept, but suggested strengthening of the language. Several commenters thought this responsibility should be

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handled at the area agency level, through strengthening and using existing area advisory councils. A number of commenters spoke of the need to link this process with the area advisory councils. Some other commenters called for reinstatement of the earlier requirement for a nutrition project council, and suggested that membership of persons knowledgeable in nutrition should be mandated on such councils. A few commenters questioned the legal basis for requiring service providers to obtain the views of participants.

*AoA response:* We retained the section unchanged. We think the area agency in its relations with service providers can assure appropriate ways to link this means of obtaining participants' views with the area agency advisory council. The Act permits, but does not require, nutrition project councils. We think therefore, that this matter is best left to local determination. We are imposing only a very general requirement, and the provider has broad discretion in deciding how to satisfy it. We do not believe our requirement is burdensome, and believe that the Act's repeated emphasis on soliciting the views of older persons, and tailoring services to meet their needs, provides adequate authority for our requirement.

Section 1321.121 *Multipurpose senior centers.* This section in the NPRM specified: (a) the purpose for which senior center awards may be granted, including alteration, leasing, renovation, acquisition, or construction of a facility, and costs of professional and technical personnel, (b) definitions of selected terms, and (c) general requirements for awards, including type of agency, minimum service requirements, and a preference for community focal points.

Some commenters criticized the requirement that rented facilities must be leased for at least 10 years because it would not allow for relocation to more desirable facilities. Other commenters requested the addition of other necessary operating costs beyond the cost of professional and technical personnel as allowable costs.

Some commenters opposed the restriction in the definitions of "altering" or "renovating" on expansion of facilities for not more than twice the square footage of the original facility.

Most commenters generally objected to the minimum service requirements as too restrictive and inflexible, unrealistic in rural areas, and requiring a heavy burden of additional funding for both existing and new centers. Some objected specifically to the requirement of at least 45 hours of access per week, feeling that operating hours should be set locally, based on local needs. Others objected to the rule that centers provide services in the home and in care-providing facilities. There was mixed opinion on the requirement for giving preference to community focal points when funding multipurpose senior centers. Also, some commenters objected to the discrepancy between the number of requirements of community focal points and the greater number for senior centers.

*AoA response:* The 10-year restriction for leasing facilities was a carryover from previous regulations when short-term leasing was not an allowable cost. This restriction is no longer applicable and has been dropped. (We have kept the statutory definition of acquiring as including leasing for 10 years or more.) We have concluded that Section 321(b)(2) of the Act does not authorize payment for operating costs other than personnel, and have accordingly not accepted the comment that other operating costs be supported.

The restriction on expansion of facilities was a carryover from previous regulations, when new construction was not authorized and expansion beyond twice the original square footage was considered equivalent to new construction. Because the Act now contains authority for new construction, the restriction on expansion is no longer applicable and has been deleted.

We agree that the minimum service requirements may have been too burdensome, and have deleted these requirements. The final regulation simply provides, as does Section 321(b) of the Act, that multipurpose senior center awards are to be for senior centers which are community facilities, or mobile units, that provide a broad spectrum of services, including health, social, nutritional, educational, and recreational services, and that a multipurpose senior center program will be operated in the facility.

Section 1321.23 *Health, safety, and construction requirements.* The NPRM required that a recipient of any award of senior center activities must comply with all applicable State and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes. The NPRM also contained specific requirements concerning Life Safety, Architectural Barriers and consultation with the Department of Housing and Urban Development (HUD).

Comments on this section were primarily directed to paragraph (b) Life Safety, and paragraph (c) HUD Consultation. A number of commenters noted that paragraph (b) appeared to repeat the general provisions in paragraph (a) and suggested deletion of paragraph (b). Many commenters opposed the requirements for smoke detectors in paragraph (b)(2) because of the cost involved in installing smoke detectors. A large number of commenters opposed paragraph (c) because they thought it would be time consuming, impractical or unnecessary if other provisions were met. The Department of Housing and Urban Development (HUD) requested that the arrangement worked out with AoA relative to the former Title V be retained, namely, that technical adequacy be determined by assuring compliance with appropriate State or local laws, ordinances or codes; or, if these were absent, with internationally recognized codes.

*AoA response:* We agree that the requirements for compliance with both State and local codes and the Life Safety Code may be redundant in some States. We considered the comments that indicated paragraph (b) might duplicate provisions of paragraph (a), and in general agree with the comments. However, we are concerned that in some instances the existing State or local life and safety laws, ordinances, or codes may be inadequate. Therefore, we revised paragraph (b) to place the responsibility on the State agency to determine whether existing codes are adequate and, if necessary, to require compliance with the Life Safety Code.

In response to objections we revised this section to require the installation of an adequate number of smoke detectors in senior center facilities only if in the judgement of the State agency existing fire and safety laws are inadequate to protect the health and safety of participants. There is a growing national recognition of the value of such devices which motivated us to require their use. State or local fire department authorities may determine the number of smoke detectors required for a senior center.

The NPRM applied the requirements of the Architectural Barriers Act only to construction of senior centers facilities. Section 307(a)(14) of the Act applies the provisions of the Architectural Barriers Act to the acquisition, alteration or renovation of existing facilities. We revised the regulation to accurately reflect the language of the Act. In response to comment of the Department of Housing and Urban Development (HUD), we included the provisions which appeared in the regulations for the former Title V, namely, that States may satisfy the requirement for HUD consultation by assuring compliance with appropriate State building codes; or in the absence of such codes with other generally accepted building codes.

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Therefore, State agencies will not have to consult with HUD directly.

Section 1321.131 *Special conditions for acquiring by purchase or constructing a facility.* The NPRM required the area agency to obtain the approval of the State agency before making an award for construction of a facility, and provided that the State agency could approve construction of a facility only if there was no other suitable facility to serve as a focal point in the community. The NPRM also provided that the area agency could make an award for the acquisition of a facility only if no suitable facility was available to lease.

The majority of comments received on this section were directed at paragraph (b) which suggested that only facilities that can be considered as *focal points* are eligible for construction funds. All commenters suggested that *focal points* be deleted and *senior center* be substituted to assure all senior centers are eligible for construction funds. Most commenters pointed out the lack of statutory support for any restriction on funding.

Other commenters indicated that they did not find any statutory support for the requirement in paragraph (a) that the area agency must obtain State agency approval before making a construction award. Some commenters thought that paragraph (a) was in conflict with § 1321.101(a).

*AoA response:* We proposed the restriction in the NPRM on construction because of the language in Section 307(a)(14) of the Act which requires a prior determination by the State agency that there are no suitable structures available to be a focal point. We do not think that this statutory requirement limits the use of construction funds to focal point facilities, but we do think it prevents construction when facilities suitable for focal points are available. Accordingly, we have kept the requirement. We have also kept the statutory requirement for State agency approval for construction awards. Paragraph (a) of this section is not in conflict with § 1321.101(a). Paragraph (a) of this section simply requires the area agency to obtain State agency permission to make a construction award, based on the State agency's finding, as provided in paragraph (b), that there are no other suitable facilities. Paragraph (a) does not imply that the State agency may determine to whom the award is made, or may exercise prior review or approval of the specific award.

Section 1321.133 *Prohibition on sectarian use of a facility.* Most commenters objected to this prohibition on the use of a facility funded under this part for sectarian instruction or religious worship.

The NPRM provided that a recipient of an award for a facility to be used as a multipurpose senior center must assure that the facility will not be used for sectarian instruction or for religious worship.

Many commenters thought the proposed rule was unfair or unrealistic. One commenter pointed out that religious organizations often permit service providers to use their facilities for senior activities funded under the Act. Another asserted that the White House Conference on Aging identifies spiritual well-being as an essential concern for the aging. Others were concerned that the NPRM language prohibited religious activities in any center funded under the Act, or that it interfered with local control.

*AoA response:* Section 307(a)(14)(A)(iv) of the Act requires assurance that a senior center acquired, renovated, altered, or constructed with funds under this part will not be used for sectarian instruction or as a place for religious worship. We have redrafted the language of this section to conform more closely to the statutory language. This statutory prohibition is similar to those contained in other Federal statutes authorizing grants for construction. It is designed to ensure that that constitutional prohibition against Federal establishment of religion is not violated. We want to emphasize that this prohibition is required by statute, but that it does not preclude the use of religiously owned facilities for the delivery of services under the Act.

Also, we want to emphasize that this provision should not be interpreted to interfere with an older person's right to free exercise of religion, as long as that exercise does not interfere with the rights of others.

Section 1321.135 *Funding and use requirement.* This section of the NPRM required a recipient which received an award for the purpose of altering, renovating, acquiring or constructing a facility for use as a multipurpose senior center to assure the availability of sufficient funds both to meet the non-Federal share of the award, and to effectively use the facility as a multipurpose senior center.

Most commenters recommended that the term "funds" specifically include "in-kind" contributions such as maintenance, staff services and other operating costs. A number of commenters asked for clarification of the statement that a proportionate share of the cost of the facility be provided in cases where the facility is shared by other age groups.

*AoA response:* We interpret the term funds in accordance with 45 CFR Part 74—*Administration of Grants* to include third party in-kind contributions. The requirement applying to shared facilities was intended to assure that funds under this part will be used only to serve older persons.

Section 1321.141 *Nutrition services.*

Section 1321.143 *Selection of nutrition services providers.*

Section 1321.145 *Special requirements for nutrition services providers.*

Section 1321.147 *Food requirements for nutrition services providers.* The NPRM set forth nutrition services requirements in several sections. Section 1321.141 proposed general provider selection requirements; § 1321.143 proposed food requirements; § 1321.145 proposed special requirements for congregate nutrition services; § 1321.147 proposed requirements for home-delivered services. We have combined in these final regulations many of the requirements contained in the NPRM; but have substantially revised the order in which subjects are treated.

1. *Awards for home-delivered meals.* A major issue in the development of these regulations was whether an area agency could make an award for nutrition services to a provider that did not provide meals in a congregate setting. The 1978 amendments for the first time provide a separate authorization for home-delivered meals, and the legislative history of the amendments indicates that Congress was concerned to establish an independent and viable home-delivered meals program while retaining the traditional emphasis on congregate services.

Section 307(a)(13)(B) of the Act provides that each nutrition project will provide meals in a congregate setting. Existing Title VII regulations require that there be a single recipient of a grant or contract for a nutrition project in a project area. Under this single recipient requirement, the Title VII nutrition project came to be identified with the provider receiving the award from the State or area agency to provide nutrition services. We accordingly concluded in the NPRM, that except in those instances in which the area agency could directly provide nutrition services as an exception to the restrictions of § 1321.103, it would be required to subgrant or contract for nutrition services only to service providers that met all the statutory requirements for a project, including the provision of meals

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in a congregate setting. Section 307(a)(13)(H) of the Act requires the area agency, if feasible, to give consideration to existing home-delivered meals organizations. In order to ensure that this requirement was met, we proposed to require a nutrition services provider to purchase meals from any such existing qualified organization.

We received many comments which urged us to adopt an interpretation that would avoid imposing an additional administrative layer between area agencies and home-delivered meals organizations, and would allow area agencies maximum flexibility to implement nutrition services programs within their planning and service areas. We also received some comments in support of our proposed requirement that all nutrition funds flow through the congregate provider. Those in support of this requirement felt it would promote consistent service to the same participants, reduce the chance for duplication, and ensure that congregate providers which had been providing home-delivered meals under Title VII would be able to continue to do so.

*AoA response:* We have thoroughly reviewed this issue and have concluded that we can interpret that statutory requirements in a way that would permit the area agency broader flexibility in implementing the new nutrition program, would give both existing congregate and home-delivered meals providers the preference that Section 307(a)(13)(H) of the Act and Section 501(b) of the amendments require, and would still be consistent with the congregate requirement of Section 307(a)(13)(B).

Except for the purposes of Section 501(b), we have decided to consider a nutrition project as the nutrition program operated by the area agency. We have decided to relax the single recipient requirement and to allow the area agency to make as many awards for nutrition services under its nutrition program as it chooses, provided that the statutory requirements for nutrition projects are met. The regulations retain in § 1321.143 the special definition of "nutrition project" for purposes of section 501(b).

Under our revised interpretation, an area agency could fund home-delivered meals providers directly as long as congregate meals are also provided. We are placing on the area agency the initial responsibility for making the appropriate determination of the extent of need for home-delivered meals, and for deciding whether those meals should be provided by an existing home-delivered meals organization, a congregate provider that was not providing home-delivered meals under the former Title VII, or some new provider.

Under § 1321.143(b)(3), an area agency may not discontinue funding for home-delivered meals to a provider that was a nutrition project protected by Section 501(b) of the amendments and was providing home-delivered meals on September 30, 1978, unless the State agency determines after a hearing if requested, under § 1321.51 that the project is no longer providing home-delivered meals with demonstrated effectiveness.

2. *Protected projects under Section 501(b) of the amendments.* We proposed in § 1321.141(b)(2) of the NPRM to require the area agency to award funds to a nutrition project that was receiving funds under the former Title VII on September 30, 1978, unless the State agency determined pursuant to a hearing that the project no longer met Federal requirements or has not carried out nutrition service activities with demonstrated effectiveness.

We defined project for purposes of this section as "the recipient of a subgrant or contract to provide nutrition services, other than the area agency, which met the requirements for a project specified in the former Title VII regulations."

A number of commenters requested that we clarify the types of services that protected projects be allowed to provide. Some commenters also asked us to specify who "sets criteria for demonstrated effectiveness." Commenters were also concerned that projects providing home-delivered meals be allowed to continue, and that we require that area agencies to allow projects to provide supportive services as well. Some commenters indicated that the responsibilities of the area agency to the "grandfathered" projects was not clear. A few commenters suggested that the "grandfathered" projects should receive funding at the same level as they received on September 30, 1978.

*AoA response:* As indicated above, we have provided in the final regulations for the protection of the provision of home-delivered meals. We have also provided that, at a minimum, the area agency must make awards to "grandfathered projects" equal to the amount of the awards in effect on September 30, 1978 for those services that may presently be funded under Title III Part C. We did not address this issue of the level of funding for "grandfathered projects" in the NPRM. However, we did receive commenters on this matter. In reviewing the legislative history, particularly the discussion on p. 63 of the Conference Report, we concluded that Congress intended to protect the minimum funding base of these projects under Section 501(b).

However, we do not think that the provision of support services that cannot be funded under Title III–C falls within the protection of Section 501(b). That section provided that a protected project must continue to receive funds under Title III–C. Under Section 307(a)(13)(I) of the Act, a State may use not more than 20 percent of its Title III–C allotment for supportive services during Federal fiscal years 1979 and 1980 only. Beginning with fiscal year 1981, all supportive services must be funded under Title III–B using the State's social services allotment or from other sources. Since supportive services will not be funded under Title III–C, they are not protected under Section 501(b). An area agency is, of course, free to award Title III–B funds for supportive services to any protected project. We have, however, included outreach among the nutrition services that may be funded under Title III–C. Since Section 307(a)(13)(E) makes outreach a required activity for each nutrition project, we think that it is appropriate that outreach be funded using nutrition funds.

We have left to the State agency the decision concerning the establishment of criteria for demonstrated effectiveness. If the State agency wants to share this responsibility with the area agency, it may, of course, do so.

3. *Eligibility requirements.* The NPRM provided that a person age 60 or older, and a spouse regardless of age, were eligible to receive nutrition services, and home-delivered meals, if homebound.

Several commenters recommended that eligibility be restricted to those ". . . with greatest social or economic need." Other noted that the age criteria should be lowered or eliminated for minorities because of a shorter life expectancy; and that physically or mentally handicapped persons should not be required to meet the age criteria. A number of commenters also expressed some concern about non-elderly spouses of homebound older persons being eligible for home-delivered meals.

*AoA response:* We provided that the spouse of an older person would be eligible to receive a home-delivered meal if that "is in the best interest of the homebound older person." We think this is an appropriate standard because the statute generally conditions a spouse's eligibility or nutrition services on whether the older person meets statutory criteria, and that therefore a spouse's eligibility for home-delivered meals should be based on the need of the homebound older person for the

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spouse to be there. We did not otherwise change the participant eligibility criteria to respond to comments of lower age, particularly for the non-elderly handicapped because the Act clearly restricts participation to all individuals 60 or older and their spouses.

4. *Type and frequency of meals served.* We proposed in the NPRM that home-delivered meals must be available seven days a week and that the provider have the capacity to deliver meals in a weather related emergency. We also proposed that congregate sites serve meals five or more days per week at a site that was preferably within walking distance to the majority of eligible recipients' residences.

We received a number of comments on the issue of the frequency of serving congregate meals. Commenters from rural areas provided the major portion of comments, voicing concern about whether rural sites may have to close because they are unable to provide services five days or more per week. A few commenters indicated a belief that all congregate sites should provide meals at least five days per week.

A number of commenters questioned the seven day requirement for home-delivered meals. Some cited the lack of statutory authority of this requirement, others cited the financial burden this would create. Many commenters supported the principle of this requirement, but thought it should be a goal rather than a requirement. Others thought if individuals are in need of home-delivered meals, they generally need them seven days a week. Some commenters questioned our requirement for delivery during a weather related emergency.

*AoA response:* In response to comments, we added the words "where feasible and appropriate" to the requirement for delivery of meals during a weather related emergency. We modified the requirement on locating nutrition services within walking distance of participants, to read "if possible." This modification was made primarily in response to concerns of rural residents.

We limited the requirement for frequency of home-delivered meals to five days a week. We strongly encourage service providers to make provision for meals seven days a week if needed. With respect to congregate meals, the requirement in § 1321.145(a)(i) is that each congregate provider provide meals in a congregate setting five or more days a week. This requirement does not apply to each congregate site.

5. *Homebound persons in jeopardy.* The NPRM proposed to require notification to the area agency of any condition which placed an older person in jeopardy. Some commenters thought that at times referral to some other agency would be more appropriate.

*AoA response:* We revised the language to allow an older person or his or her representative to consent that dangerous situations be brought to the attention of "appropriate officials" rather than requiring, as the NPRM did, that the area agency be informed.

6. *Assessment of need.* Several commenters commented on the proposed process for assessment of need for home-delivered meals. There are differences of opinion as to whether both the area agency and the service provider should determine the need. We have retained in these final regulations the requirement that the area agency assess need initially for the PSA, and make its awards based on that assessment. We are also requiring all nutrition service providers to make their own individual determinations of need for the individual participants they serve.

The NPRM provided that a nutrition services provider must provide special meals to meet the particular health, religious or ethnic dietary needs of participants, unless the area agency exempted the provider. Commenters offered a number of items on paragraph (b) on the provision of special meals. Many commenters though that the NPRM was too rigid and without statutory basis. Nearly half of the commenters supported the principle of providing special meals, but thought it should be a goal rather than a requirement. Most commenters recommended that the past practice be retained; that is, special meals should be provided where feasible and appropriate. The major reason for opposing the requirement was the cost, with the potential for adversely affecting the number of persons now served by the program. Others indicated that some communities lacked the skill or the food materials necessary to provide this kind of service.

This paragraph also gave rise to a number of comments on our proposed requirement for the provision of appropriate food containers and utensils for blind and handicapped participants. Others indicated that not every site needs such equipment.

We received a number of comments about our proposed requirement that providers accept and use *any* of the USDA food made available by the State agency. The objections focused on the term *any* since some USDA foods are apparently unacceptable to participants, and projects cannot always use the food within a reasonable period of time.

*AoA response:* In view of the volume and content of comments received on special meals, we revised our requirement. We inserted the statutory phrase "where feasible and appropriate" in this requirement. We incorporated criteria to assist in the determination of what is "feasible and appropriate."

In response to concern raised about expertise necessary to provide health related menus, we note that in some cases, nutrition service providers may be able to meet the requirements for therapeutic menus by following a physican's prescribed diet. However, we concluded that generally nutrition service providers should not be expected to provide therapeutic menus, especially since we generally provide only one meal a day and are unable to control eating habits the remainder of the time. It is possible for us to provide simple, modified meals such as low calorie, low-fat, or low carbohydrate diets, but generally, older persons requiring a very strict dietary regime as prescribed by their physician should be referred to the medical profession for management of dietary needs arising from serious medical problems.

We revised the requirement for special utensils for the handicapped so that the provider need only have these available on request. This change makes the provision of special equipment permissive as needed by participants.

We substituted the word "*appropriate*" USDA food for the word "any". We leave to the judgment of the State agency what food is appropriate.

Section 1321.151 *Legal services.* (Section 1321.161 in NPRM) The NPRM would have (a) authorized area agencies to award social services funds for legal services, but required that these services be in addition to leagal services already being provided; (b) defined legal services; and (c) specified various conditions that legal service providers must meet.

Commenters made the following major comments regarding the provisions for legal services: (1) The definition of legal services should be expanded to include specific types of services. The advocacy role of legal service providers should be clarified in relation to the similar role of other components of the aging network. (2) The standards for selecting a legal service provider are insufficient. A number of criteria were suggested for inclusion. (3) Several commenters suggested additional conditions which legal service providers must meet.

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Several urged that legal services should not be provided in fee generating cases unless adequate representation is not available from private attorneys. The commenters felt that such a restriction would help to assure the cooperation of the private bar, and would lessen competition between the bar and the legal service providers. (4) The majority of commenters on the issue thought that it was necessary to include a provision for means testing for legal services in order to target these services to elderly persons in greatest need. These commenters felt that means testing, or some consideration of income and resources, might also be necessary for advising clients on eligibility for public benefits, for referring clients to other service providers with means tests, for auditing and reimbursement purposes, and for avoiding conflict with the private bar over providing free services to those who can afford to pay for private counsel.

Commenters were also concerned that our provisions for voluntary contributions might result in fee generating cases being accepted by providers under this part. Other commenters advocated a sliding fee schedule. (5) Commenters also raised the issue of legal services providers' ethical obligations to protect the confidence and secrets of their clients. One commenter commented that legal services provider should be required to give information on individual clients served. (6) Finally, a number of commenters wanted clarification of the role of Legal Services Corporation grantees under this part.

*AoA response:* (1) We revised the language of this section to emphasize the role of legal services in helping older persons secure their rights, benefits and entitlements and to assist them in achieving the objectives of the Act. We have limited the definition of legal services to that contained in the Act and have left to State and area agencies decisions regarding the specific services they will fund as legal services. However, we have added a new provision which permits legal service providers, with the approval of the area agency, to establish case priorities and to consider the availability of staff resources in deciding the extent of representation to provide.

(2) We agree with the comments that we should specify service standards for legal services and have selected several from the ones suggested. The final regulations include standards for staff expertise in legal matters concerning older persons, capacity to provide effective representation, capacity to support advocacy efforts, capacity for service delivery to institutionalized, isolated, and home-bound individuals; convenience and accessibility of offices and/or outreach sites, and capacity to provide services in a cost effective manner.

(3) In response to comments, we have specified in the final regulations that legal services may not be funded for fee-generating cases unless adequate representation from private attorneys is unavailable; and that providers may not engage in lobbying or voter registration activity. We do not think that our voluntary contributions policy will encourage providers to accept cases that are likely to result in the generation of fees. We strongly believe that contributions should be voluntary, and have accordingly rejected any suggestions for mandatory fee schedules.

(4) We added a new provision to permit legal services providers to inquire about income related information when the reason is to advise an older person of public benefits to which he or she may be entitled, or to otherwise assist in advising or representing the person. We have reaffirmed the prohibition on means testing for legal services. The issue of means testing is one of the most difficult ones that we faced in the area of legal services. On the one hand, means testing, or some consideration of income in the decision of the scope and extent of representation to provide, seems more appropriate here than for other services. On the other hand, the strongest legislative history against means testing is the discussion on legal services in the Conference Report on the amendments cited in the NPRM.

We recognized in the NPRM that some consideration of income might be necessary in the provision of legal services, notwithstanding the report language, and invited comment on this issue. We concluded from the comments that consideration of income would be appropriate if necessary to give legal advice, but that using a person's income and resources to determine the scope and extent of representation, while perhaps desirable to many, did not seem essential to provide legal services, and seemed contrary to the legislative history. We recognize that in repeatedly stating that programs under the Act were not to be subject to means testing, Congress did not define means testing, or give us much guidance to define it. We considered comments that using a person's income to determine the scope and extent of representation was not the kind of means testing Congress intended to prohibit, as long as the provider did not use a person's income to deny services altogether. However, we were not convinced that explicitly limiting representation solely on the basis of an older person's income or resources was in practical terms sufficiently different from denying that person services altogether.

(5) We considered imposing a special confidentiality requirement for legal services providers, but decided to rely on the general confidentiality and disclosure provisions in Section 1321.19. We expect that State and area agencies will work out with legal services providers' arrangements that meet both the providers' need to meet their ethical obligations and the agencies' monitoring requirements. For example, a procedure that has worked well is the use of an independent auditor, hired by the provider, and approved by the monitoring agencies.

(6) It is clear that Congress intended legal services under this part to be closely coordinated with services provided under the Legal Services Corporation Act. These regulations provide for that coordination, without requiring a preference for Legal Services Corporation grantees.

Section 1321.161 *Information and referral services.* (Section 1321.171 in NPRM). This section of the NPRM required the area plan to provide for information and referral services by trained paid and volunteer staff, and provided for collection and disclosure of information.

Comments focused on three issues: (1) the definition in the NPRM of information and referral service as a location, (2) our use of the phrase "trained paid and volunteer staff," and (3) the provision allowing for consent by a family member to disclosure of information about an older person.

*AoA response:* (1) We have deleted the term "location" from the definition of information and referral service, and have clarified that these services are those that are designed to link older persons with the other services and information that they need. (2) We have revised the staffing requirement to eliminate any distinctions between paid and volunteer staff, and have simply required that the service provider employ a specially trained staff. (3) We agree with the commenters that our regulations should not authorize a family member to consent to disclosure of information about an older person unless the family member is the person's legal representative, and have revised the regulations accordingly.

Section 1321.171 *Transportation agreements.* (Section 1321.181 in NPRM.)

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This section provides that area agencies may enter into agreements with agencies which administer programs under the Rehabilitation Act of 1973 and Titles XIX and XX of the Social Security Act to meet the common transportation needs of service participants under these programs. The two major issues raised by commenters were: (1) whether area agencies should be required, rather than allowed, to enter into such agreements, and (2) whether agencies administering programs other than the three cited should be authorized parties to these agreements.

*AoA response:* (1) Section 306(c) of the Act provides that area agencies "may" enter into such agreements. We do not have the authority to require such agreements. Moreover, we think the decisions to enter into such agreements should be left to the discretion of area agencies. (2) Section 306(c) refers only to these three programs. We believe that agreements entered into under the authority of this section should be limited to those programs specified in the section, since it permits area agencies to pool funds under this part without cost allocation. This section provides an exception to the restrictions against joint funding that are otherwise applicable to programs under this Act (*see* Section 211 of the Act and § 1321.207 of these regulations). Under these agreements, an area agency may transfer funds to another agency to administer, and may pool funds to meet the common need for transportation services without regard to cost allocation.

Section 1321.185 *Expenditures in rural areas.* (Section 1321.193 in NPRM.) The NPRM required State agencies to spend in rural areas in each fiscal year at least 105% of the fiscal year 1978 expenditures in those areas. The Commissioner could waive this requirement if the State demonstrated that service needs were being met, or that there were so few elderly in rural areas that this requirement was not necessary. The NPRM also set forth three options to define "rural area."

We received many comments on this section. Comments centered on whether the 105% requirement meant funds or services; the State's responsibility in a totally rural State; and what is the State's responsibility if the rural factor had been included in their allocation in mixed areas.

Perhaps in part because of the complexity of our first two options, the majority of the comments regarding the definition of rural area favored option three, which allowed the State to develop its own definition of rural areas. A number of commenters rejected all three options, some offering an alternative definition or alternative application of the NPRM definitions. One alternative definition was based on the use of Standard Metropolitan Statistical Areas (SMSA).

Comments addressed to the waiver provision raised the issue of the application of the waiver to States with allocation formulae that meet the intent of this section.

*AoA response:* The three options proposed in this section to define "rural area" met with many objections regarding their clarity and the unnecessary difficulties in implementing them. We decided not to accept the majority opinion on this point, namely, permitting each State to set its own definition of rural. We are concerned that we would not be able to effectively monitor implementation of the requirement under this option, and that some States might not increase services in rural areas. In response to comments that options one and two were too complicated, we decided to accept a simple definition based on an alternative definition that was proposed in the comments. We defined "rural area" as any area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the Department of Commerce.

In PSA's which are not entirely metropolitan or nonmetropolitan under the SMSA definition, State agencies are required for the purposes of this section to separately account for expenditures in the metropolitan and nonmetropolitan portions of the PSA. We think this definition provides a clear and simple definition of rural area. Because it follows the criteria set by the Department of Commerce, it should be easy for States to apply; and at the same time provides us with a basis on which to collect national data.

In response to whether the 105 percent responsibility means funds or services, Section 307(a)(3)(B) of the Act clearly indicates that the responsibility of the State agency is to spend in each fiscal year an amount equal to not less than 105 percent of the amount spent for services under the former Titles III, V and VII in fiscal year 1978. It is the amount of funds to be spent which the Act prescribes.

The Act is silent on the question of how the requirement applies in a State that is entirely rural under our definition. We point out that the intent of this provision of the Act is to redirect a portion of a State's funds from nonrural to rural areas of the State. If a State is entirely rural, it is neither necessary nor possible to redirect funds in the manner intended by the Act. Therefore, this rule does not apply in such a State.

The rule does, however, apply in any State which previously had developed an allocation formula that met the intent of this section, namely, a formula that distributed funds in a manner weighted toward rural areas. These States must nevertheless increase their expenditures in rural areas by the required 5 percent.

Section 1321.187 *Fifty percent priority service requirement.* (Section 1321.195 in NPRM.) The NPRM required that each area plan must provide assurances that at least 50 percent of its social services allotment, excluding amounts used for administration, will be expended for the provision of: (1) services associated with access to other services; (2) in-home services; and (3) legal services. The NPRM provided that the State agency might waive this requirement if it determined that the need for any category of services was being met.

Most commenters addressed the statement of the general rule contained in paragraph (a). Some commenters supported the rule as stated in the NPRM. Other commenters recommended that a method be developed to determine appropriate and adequate minimum funding levels for the separate categories of service, particularly for legal services. A number of commenters indicated that the list of services should be expanded to include additional access services such as case management, escort services, and senior center renovations, and additional in-home services, such as adult day care.

The NPRM would have allowed a State agency to waive the requirement of this section if the area agency demonstrates the services provided from other sources meet the needs of older persons in the planning and service area for the category of service. Many commenters indicated that standards or criteria should be developed for assessing need and granting waivers to area agencies. One commenter suggested that no waiver be granted unless the area agency demonstrated that sufficient services are being provided throughout the planning and service area to older individuals in economic or social need. Another commenter stated that not less than 10% of the area's social service funds should be awarded to the three required categories of services, and that the granting of a waiver by the State agency should be based on specific evidence that adequate services were being provided in the planning and service area.

*AoA response:* We considered the suggestion that the *some funds* provision in the Act be interpreted to specify a

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minimum amount, or percent, which must be spent for particular types of service, such as legal services. However, we have not accepted this comment. We believe that the legislative history cited in the NPRM makes clear that Congress intended to leave to local option the percentages of funds spent on each category. Moreover, given the diversity of local circumstances, we believe that any national minimum percentages we could set would be less responsive to local needs, and we believe that area agencies, which have the statutory responsibility to develop service systems within their areas, should decide in cooperation with the State agency the degree to which these priority and other services are needed. An area agency is required to explain in its plan the methods it uses to set services priorities. Individuals who question those priorities will have an opportunity during the development of the plan to comment on these.

We did not expand this list of access and in-home services which can be considered for purposes of computing the 50% requirement. The statute specifies services that are to be considered access or in-home services. The language of the statute indicates that Congress intended this list to be exclusive. Furthermore, we believe that area agencies already have sufficient flexibility under this section since they can set the percentage of funds spent on each service.

There were many comments requesting that AoA develop criteria for the waivers included in § 1321.195(b). We think this is an appropriate State agency responsibility. We revised the regulation to require a State to develop explicit criteria which an area agency must meet to demonstrate, ". . . that the services provided from other sources meet the needs of older persons in the PSA."

Section 1321.191 *Transfer between congregate and home-delivered nutrition service funds under the State plan.* (Section 1321.199 in the NPRM). The NPRM authorized the State agency, under the State plan, to transfer 15% or less of funds between separate allotments for congregate and home-delivered meals without the Commissioner's approval. The approval of the Commissioner would be required only when a State agency wished to transfer more than 15% between the separate allotments for congregate and home-delivered nutrition services. The Commissioner would approve the State agency's request by approving the State plan or plan amendment.

The majority of comments gave conditional support to the section even though many thought the 15 percent limitation was too restrictive. Commenters suggested that if a percentage limitation should be made, the State agency would be in the best position to make such a determination after consulting the area agencies in the State.

*AoA response:* We do not think the 15 percent limitation outlined in this section is too restrictive. This provision authorizes States to transfer funds up to this amount without the Commissioner's case-by-case approval. The section further indicates that States may transfer larger percentages with the Commissioner's approval. As we indicated in the NPRM, we believe that transfers in excess of 15 percent of a State's allotment may well involve a significant change in the way a State's program is administered. We also want to ensure that a State is properly determining the need for each type of nutrition service before it transfers such substantial amounts. Since any request for permission to transfer more than 15 percent must be submitted in the State plan, there is an adequate opportunity under the provision of § 1321.29 for area agencies to be consulted concerning this matter. Therefore, we retained the language of the NPRM.

Section 1321.193 *Allowable use of funds for State and area plan administration.* (Section 1321.201 in NPRM.) This section of the NPRM specified allowable use of State administration funds and set limits on the use of social and nutrition funds for area plan administration. All comments received on this section were directed to the language regarding allowable use of funds for area plan administration.

This paragraph indicated that the State agency may use not more than 8.5 percent of *each* of its total allotments for social and nutrition services for area plan administration.

The majority of commenters who opposed the language in the NPRM believe that, in order to allow greater flexibility, the percentage limitation should be applied to the *total* of the combined allotments rather than to each separate allotment.

*AoA response:* We changed the language to this section to read as follows: "The State agency may not award more than 8.5 percent of its combined allotments for social and nutrition services for area plan administration."

As we explained in the preamble to the NPRM, we proposed that the statutory 8.5 percent limit on the area plan administration be applied proportionately to nutrition and social services in order to ensure that State agencies distribute administrative costs equitably. We were, however, persuaded by the commenters that State agencies needed, and would not abuse, the flexibility of deciding how to allocate administrative costs, and have revised the final regulations accordingly

Section 1321.195 *Additional funds for State plan administration.* (Section 1321.203 in NPRM). The NPRM authorized a State agency to apply to the Commissioner to use not more than ¾ of 1 percent of its total allotment for social and nutrition services for State plan administration and outlined the procedures for these requests.

Several commenters recommended requiring a State agency to conduct public hearings regarding the use of additional funds; others strongly opposed the use of services money for State agency administration.

*AoA response:* We considered, but rejected, the suggestion that the State agency's request under this section be subject to public hearings. In response to the State plan amendment provisions in § 1321.27, many commenters requested that unnecessary public hearings requirements be eliminated. Admittedly the application by a State under this section is not a State plan amendment. In fact, Section 308(b)(2)(A) of the Act prohibits an application under this provision from being made as part of the State plan. However, we think the principle we applied regarding limiting public hearings on the State plan to substantial plan changes applies in this instance. We do not think a State's application under this provision substantially affects the operation of programs in the State under this part. Therefore, we did not include a public hearing requirement in this section.

Section 1321.197 *Obligation and reallotment.* (Section 1321.205 in NPRM.) This section of the NPRM would have implemented the provisions of Sections 304(b) and 604(d) of the Act, which require the Commissioner to withhold from a State's allotments, and reallot, amounts he or she determines will not be used, or are attributable to Indians in the State to be served under Title VI. It also would have implemented the statutory provision of Section 308(c), which authorizes the Commissioner to determine the amounts a State will not need for administration, and to approve use of those funds for services.

Most commenters objected to our suggestion in the preamble that we might use the authority provided under Section 304(b) to reduce the allotted funds to States that have large unliquidated balances, without obtaining the States' consent to the reductions. At present, we make these

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reductions only when States consent to them.

Some commenters felt that our proposal might place some States in the position to making costly, ill planned expenditures. Other expressed concern that consideration would not be given to States' funding cycles where they do not coincide with the Federal fiscal year.

A few commenters stated there should be a hearing before funds are deobligated from a State; reasonable notice should be given; Governors and Congressional delegations would need to be notified; and that area agencies should be given the opportunity to utilize funds before they are deobligated from a State.

Commenters opposed the reduction of a State's allotment based on Indians service under Title VI grants. Commenters also though that the State agency, not the Commissioner, should have the authority to approve the use of State's administrative allotment for services.

*AoA response:* We believe that many commenters were unaware that the basic provisions of this section are taken from the Act. Section 304(b) of the Act provides that whenever the Commissioner determines that any amount allotted to a State under Title III Part B or C for a fiscal year will not be used by the State for carrying out the purposes for which the allotment was made, the Commissioner makes the unused funds available to other States. Section 604(d) of the Act provides that whenever the Commissioner approves an application under Title VI, he or she withholds from the allotment of the appropriate State made under Section 304 an amount attributable to the Indians to be served under Title VI who were also counted for the purpose of the Title III allotment. These regulations simply reiterate these statutory provisions.

We recognize that most States were concerned about our proposed involuntary allotment when the Commissioner determined that a State has excessive unliquidated obligations. Accordingly, we have decided to continue our present practice of reallotting under this authority only those funds that the State agency chooses to make available. We are required by statute to make the adjustments based on Title VI grants, whether or not the State consents to the reallotments. We do not think the reallotment is properly viewed as a penalty. It is rather a provision designed to ensure that States are allotted funds only for those older persons whom they actually serve.

Section 1321.199 *Federal financial participation.* (Section 1321.207 in NPRM.) This section specified the proportions of administrative and service costs incurred by State and area agencies which may be paid from State allotments. Many commenters questioned the provision which specified that a State agency may not use not more than 8.5 percent of "each of its allotments for social and nutrition services" to pay not more than 75 percent of the costs of area plan administration. The commenters requested that the 8.5 percent figure be applied to the total of the allotments for social and nutrition services, rather than each of these allotments individually. Other commenters took exception to language which accurately reflected statutory provisions of the Act.

*AoA response:* As discussed under § 1321.193 above, we have modified this section so that the 8.5 percent figure will be applied to the total of a State's combined allotments for social and nutrition services.

Section 1321.201 *Non-Federal share requirements.* (Section 1321.209 in NPRM.) This section of the NPRM specified the rules for the required non-Federal share of the costs of administration and services under this part. It set forth the general rule that the non-Federal share could be met either by allowable cost or third-party in-kind contributions, and set forth the two statutory exceptions to that rule: 25 percent of the non-Federal share must be met from State or local public sources; and the additional 5 percent non-Federal share required after the Federal Fiscal Year 1980 could be met only from State sources.

Most commenters wanted clarification of this section, particularly with respect to the allowable use of in-kind contributions.

*AoA response:* We agree that the NPRM provisions may have been confusing, particularly with respect to the allowability of third-party in-kind contributions. The first 75 percent of the matching requirements may be met by either allowable costs of the State and any subgrantees, or any third-party in-kind contributions.

Section 309(b)(1) of the Act requires that for each fiscal year, not less than 25 percent of the non-Federal share of the total expenditures under the State plan which is required by Section 304(d) shall be met from funds from State or local public sources. Accordingly, this remaining 25 percent may be met only by allowable costs of the State and the allowable costs or third-party in-kind contributions of local public agencies.

Section 309(b)(2) of the Act requires that funds required to meet the non-Federal share required by Section 304(d)(1)(B), in amounts exceeding the non-Federal share required prior to Fiscal Year 1981, shall be met from State resources. The 5 percent increase in non-Federal share must be provided by the State itself. This 5 percent must, therefore, be in the form of allowable costs.

Section 1321.205 *State agency maintenance of effort.* (Section 1321.211 in NPRM.) This section of the NPRM would have implemented Section 309(c) of the Act, which provides that a State's allotment shall be reduced by the percentage by which its expenditures under its plan are less than such expenditures for the preceding fiscal year.

Commenters either completely opposed this section or requested modification. Those opposed felt that the section worked against coordination and cooperation with other State agencies in receiving State funds to support programs for older persons.

Most commenters requesting modification of the section indicated they though it was too restrictive and would serve as disincentive to receiving additional State funds. Commenters said that it would particularly penalize the use of one time monies for research, demonstration, evaluation, construction or start up purposes if the maintenance of effort provision applied to those funds. A few multipurpose State agencies responded that, as written, maintenance of effort would apply to all funds that the agency administered, and not just to those awarded under this part.

*AoA response:* We do not think that this statutory requirement was intended to penalize States that choose to increase their expenditures from State sources under the plan, or to experiment with special demonstration projects. Although the legislative history of this provision is not helpful, the provision appears intended to ensure that States not use Federal dollars to substitute for State dollars, and that States maintain their commitments to supporting programs under the Act.

We have revised this section of the final regulations to reflect what we think is the intent of this statutory requirement. Under the revised provision, each State would be required to spend in each Federal fiscal year for both services and administration the same amount of dollars that it spent to meet minimum Federal requirements for both services and administration in the previous fiscal year. Our reasoning is that expenditures made by a State in

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excess of those required to match Federal dollars are not "expenditures under the plan" since they need not be made in accordance with Federal statutory and regulatory requirements, although we may require that those expenditures be described in the plan for informational purposes.

Our requirement as revised would ensure that States kept a basic commitment to funding programs under the Act, but would not penalize States that chose to spend significantly more funds on programs for older persons in one fiscal year, unless those funds were used to match our funds. We recognize that under our revised interpretation, some States may require local subgrantees to assume a greater proportion of the matching requirement. However, we think that this possible result is preferable to the reductions that many States claimed they would suffer under a broader interpretation of the maintenance of effort base.

Section 1321.207 *Restrictions on delegations of authority to other agencies.* (New Section) In response to comments we received on § 1321.171 "Transportation agreements" we have added a new § 1321.207 to clarify that State and area agencies are precluded from joint funding under the Act except for transportation as authorized under § 1326.171, or except where they are the lead agencies. The statute and these regulations require that State and area agencies be the sole agencies for awarding and administering funds under this part. Accordingly, State and area agencies may not delegate this authority to another agency. Section 306 of the Act provides an exception to this requirement for transportation.

**Authority:** Title III of the Older Americans Act (42 U.S.C. 3021–3030g). (Catalog of Federal Domestic Assistance Program Numbers: 13.633 Special: Programs for Aging Title III Parts A and B—Grants on Aging; 13.635 Special Programs for Aging Title III Part C—Nutrition Service).

Dated: February 8, 1980.

**Robert Benedict,**
*Commissioner on Aging.*

Approved: February 26, 1980.

**Cesar A. Perales,**
*Assistant Secretary for Human Development Services (Acting).*

Approved: March 24, 1980.

**Patricia Roberts Harris,**
*Secretary of Health, Education, and Welfare.*

45 CFR Chapter XIII Subchapter C is amended as follows:

**§ Parts 1320, 1324, 1326 [Reserved].**

1. Parts 1320, 1324 and 1326 are vacated and reserved.

2. Part 1321 is revised to read as follows:

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thority: Pub. L. 89-73, 79 Stat. 218-226, ended by Pub. L. 90-42, 81 Stat. 106-108; L. 91-69, 83 Stat. 108-115; Pub. L. 92-258, at. 88-95; Pub. L. 93-29, 87 Stat. 30-64; L. 93-351, 88 Stat. 357-358; Pub. L. 94-9 Stat. 713-726; Pub. L. 95-478, 92 Stat (42 U.S.C. 3001 et seq.).

## part A—Introduction

### 21.1 Basis and purpose of part.

) This part prescribes requirements e agencies must meet to receive nts to develop comprehensive and rdinated systems for the delivery of social and nutrition services under title III of the Older Americans Act, as amended (Act). These requirements include—

(1) Designation and responsibilities of State and area agencies;

(2) State and area plans and amendments;

(3) Services delivery;

(4) Grant awards to State agencies; and

(5) Hearing procedures for State and area agencies, applicants for planning and service area designation, and service providers.

(b) The requirements of this part are based on title III of the Act. Title III provides for formula grants to State agencies on aging under approved State plans for the development of comprehensive and coordinated systems for the delivery to older persons of social services, including multipurpose senior centers, and nutrition services. Each State agency designates planning and service areas in the State, and makes a subgrant or contract under an approved area plan to one area agency in each planning and service area. Area agencies in turn make subgrants or contracts to service providers.

### § 1321.3 Definitions.

"Act" means the Older Americans Act of 1965 as amended, (42 U.S.C. 3001 et. seq.)

"Area Agency" means agency designated by the State agency in a planning and service area to develop and administer the area plan for a comprehensive and coordinated system of services for older persons.

"Administration on Aging" (AoA) means the agency established in the Office of the Secretary, Department of Health, Education and Welfare as part of the Office of Human Development Services; and which is charged with the responsibility of administering the provisions of the Act, except for title V.

"Comissioner" means the Commissioner on Aging of the Administration on Aging.

"Community focal point for service delivery" means a place or mobile unit in a community or neighborhood designated by the area agency for the collocation and coordination of services delivery to older persons.

"Comprehensive and coordinated system" means a program of interrelated social and nutrition services designed to meet the needs of older persons in a planning and service area.

"Department" means the Department of Health, Education, and Welfare.

"Fiscal Year" means the Federal Fiscal Year.

"Greatest economic need" means the need resulting from an income level at or below the poverty threshold established by the Bureau of the Census.

"Greatest social need" means the need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status (for example Black, Hispanic, American Indian, and Asian American) which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

"Human services" means social, health or welfare services.

"Indian tribal organization" means the recognized governing body of any Indian tribe, or any legally established organization of Indians which is controlled, sanctioned or chartered by the governing body.

"Indian tribe" means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native Village or regional village corporation as defined in or established under the Alaska Native Claims Settlement Act, P.L. 92-203, 85 Stat. 688) which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or, is located on, or in proximity to a Federal or State reservation or rancheria.

"Multipurpose senior center" means a community or neighborhood facility for the organization and provision of a broad spectrum of services including health, social, nutritional, and educational services; and a facility for recreational and group activities for older persons.

"Nonprofit" as applied to any agency, institution or organization means an agency, institution or organization which is owned and operated by one or more corporations or associations with no part of the net earnings benefiting any private share holder or individual.

"Planning and service area" means a geographic area of a State that is designated for purposes of planning, development, delivery and overall administration of services under an area plan.

"Reservation" means any Federally or State recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaskan Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), and Indian allotments.

"Service provider" means an entity that is awarded a subgrant or contract from an area agency to provide services under the area plan.

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"State" means each of the 50 States, the District of Columbia, the Virgin Islands, the Commonwealth of Puerto Rico, Guam, American Samoa, the Trust Territory of the Pacific Islands and the Northern Mariana Islands.

"State Agency" means the single State agency designated to develop and administer the State plan and to be the focal point on aging in the State.

"Unit of general purpose local government" means a political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or an Indian tribal organization.

### § 1321.5 Applicability of other regulations.

The provisions of the following regulations apply to all activities under this part—

(a) Title 45 of the Code of Federal Regulations—

Part 74—Administration of Grants, except Subpart N;

Part 80—Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare: Effectuation of Title VI of the Civil Rights Act of 1964;

Part 81—Practice and Procedure for Hearings under Part 80 of this Title;

Part 84—Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation; and

Part 90—Nondiscrimination on the Basis of Age; and

(b) Title 5 of the Code of Federal Regulations, Part 900, Subpart F, Standards for a Merit System of Personnel Administration.

## Subpart B—State Agency Designation, Organization, and Functions

### § 1321.11 Designation and functions of the State agency.

In order to be eligible to receive grants under this part, a State must designate a single State agency to—

(a) Develop and administer the State plan;

(b) Be primarily responsible for coordinating all activities in the State relating to the purposes of the Act;

(c) Serve as the effective and visible advocate for all older persons in the States; and

(d) Assist area agencies in the development of comprehensive and coordinated service delivery systems throughout the State.

### § 1321.13 Organization of the State agency.

(a) The State agency may be either—

(1) An agency whose single purpose is to administer programs for older persons; or

(2) A multipurpose agency that administers human services programs in the State. Except as provided in paragraphs (b) and (c) of this section, a multipurpose agency must delegate all authority and responsibility under this part to a single organizational unit in the agency.

(b) The State agency may request a waiver of the requirement in paragraph (a)(2) of this section if the State agency—

(1) Submits its request as part of its State plan or as a plan amendment;

(2) Describes its methods for carrying out its functions and responsibilities under this part; and

(3) Designates a component unit of the State multipurpose agency to plan and develop all policy on programs for older persons under this part and to provide a visible focal point for advocacy, coordination, monitoring, and evaluation of programs for older persons within the State.

(c) The Commissioner approves a request for a waiver, unless the Commissioner finds that the waiver adversely affects the ability of the State agency to carry out its functions and responsibilities under this part.

### § 1321.15 State agency administration.

(a) *General rule.* The State plan must provide for the use of methods of administration which are necessary for the proper and efficient administration of the plan. The State agency must administer the plan in accordance with all applicable Federal laws and regulations, including all requirements of this part.

(b) *State agency policies.* (1) The State agency must have and follow written policies to carry out its functions under this part that are adopted in accordance with paragraph (b)(2) of this section.

(2) The State agency must—

(i) Develop proposed policies;

(ii) Publish the proposed policies in a manner that allows area agencies, providers, and older persons within the State adequate opportunity to comment on the policies.

(iii) Consider all comments in establishing final policies;

(iv) Have final policies in effect no later than one year after the effective date of these rules; and

(v) Keep its policies current, and revise them as necessary.

(c) *Functional statement.* The State agency must have on file for review a functional statement of the manner in which the State agency performs all of its responsibilities under this part.

### § 1321.17 Staffing.

(a) *Type of Staff.* The State agency, single organizational unit, or component unit where one exists, must have a qualified full-time director and an adequate number of qualified staff.

(b) *Staffing plan.* The State agency must have on file for review a staffing plan that identifies the number and types of staff assigned to carry out State agency responsibilities and functions under this part.

(c) *Preference.* Subject to merit system requirements, the State agency must give preference in hiring to persons age 60 or older.

(d) *Affirmative action.* The State agency must have affirmative action program which complies with the requirements of § 900.607 of Title 5 of the Code of Federal Regulations, Part 900, Subpart F, Standards for a Merit System of Personnel Administration.

### § 1321.19 Confidentiality and disclosure of State agency information.

(a) *Confidentiality.* (1) The State agency must have procedures to ensure that no information about an older person, or obtained from an older person by a service provider or the State or area agency, is disclosed by the provider or agency in a form that identifies the person without the informed consent of the person or of his or her legal representative, unless the disclosure is required by court order, 45 CFR 74.24, or for other program monitoring by authorized Federal, State, or local monitoring agencies.

(2) The State agency must ensure that lists of older persons compiled under § 1321.161 are used solely for the purpose of providing services, and only with the informed consent of each individual on the list.

(b) *Disclosure.* Subject to the confidentiality requirements in paragraph (a) of this section, the State agency must make available at reasonable times and places to all interested parties, the written policies required under § 1321.15, and other information and documents developed or received by the agency in carrying out its responsibilities under this part. The State agency is not required to disclose those types of information or documents that are exempt from disclosure by a Federal agency under the Federal Freedom of Information Act, 5 U.S.C. 552.

## Subpart C—The State Plan

### § 1321.21 What is a State plan.

A State plan is the document submitted by a State in order to receive grants from its allotments under this

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part. It contains provisions required by section 307 of the Act and implementing regulations and commitments that the State agency will administer or supervise the administration of activities funded under this part in accordance with all Federal requirements. A State may receive grants under this part only under an approved State plan. A State may use its grants under this part only for activities under its approved plan.

### § 1321.23 Duration and format of the State plan.

The State plan must be in effect for the three year period specified by the Commissioner. A State agency must submit a State plan or plan amendment to the Commissioner in accordance with the Commissioner's instructions concerning the format, content, time limits, transmittal forms, and procedures.

### § 1321.25 Content of the State plan.

(a) *Based on area plans.* A State plan must be based on area plans as provided in § 1321.29.

(b) *State agency function requirements.* A State plan must provide that the State agency function requirements are met for—

(1) Proper and efficient methods of administration, as provided in § 1321.15;

(2) Confidentiality and disclosure of State agency information, as provided in § 1321.19;

(3) State agency advocacy responsibilities, as provided in § 1321.41;

(4) State agency evaluation of service needs, as provided in § 1321.45(a)(8);

(5) Periodic evaluations of each area agency as provided in § 1321.45(a)(9);

(6) Development and distribution of a uniform area plan format, as provided in § 1321.45(a)(10);

(7) Coordination of legal services as provided in § 1321.45(a)(13);

(8) Commodity distribution agreements, as provided in § 1321.147;

(9) State advisory council on aging, as provided in § 1321.47;

(10) State agency hearings for area agencies, providers, and planning and service area applicants, as provided in § 1321.51;

(11) Area plan approval and disapproval, as provided in § 1321.83.

(c) *Area agency and area plan requirements.* A State plan must provide that the area agency and area plan requirements are met for area agency designation, and development and submission to the State agency of an area plan which complies with the requirements of section 306 of the Act and this part, as provided in § 1321.71, and §§ 1321.77 through 1321.81.

(d) *Service delivery requirements.* A State plan must provide that the service delivery requirements are met for—

(1) A long-term care ombudsman program, as provided in § 1321.43;

(2) Restricting direct provision of services, as provided in § 1321.103;

(3) All service providers concerning licensure, safety, training, outreach, coordination, preference to those with greatest economic or social need, contributions, maintenance of non-Federal support for services, and advisory role for older persons, as provided in §§ 1321.105 through 1321.113.

(4) Multipurpose senior center activities, as provided in §§ 132.121 through 1321.137;

(5) Nutrition services, as provided in §§ 1321.141 through 1321.147;

(6) Legal services, as provided in § 1321.151; and

(7) Information and referral, as provided in § 1321.161.

(e) *Fiscal requirements.* A State plan must provide that the following fiscal requirements are met for—

(1) Expenditures in each Federal fiscal year in rural areas of 105 percent of FY 1978 expenditures, as provided in § 1321.185; and

(2) Minimum expenditures for the long term care ombudsman program, as provided in § 1321.189.

(f) *Directory of community focal points.* A State plan must assure that the State agency keeps a directory of focal points in the State.

(g) *Information requirements.* The State plan must specify—

(1) Program objectives to implement the service delivery requirements of paragraphs (d)(1), and (d)(4) through (d)(7) of this section, which are consistent with the requirements of this part, objectives established by the Commissioner, and objectives established in area plans in the State;

(2) Documentation of the designation of the State agency;

(3) A resource allocation plan indicating the proposed use of all funds for services to older persons directly administered by the State agency;

(4) Proposed methods for giving preference to those with greatest economic or social need in the provision of services under the plan. These methods—

(i) Must include, but are not limited to—

(A) Consideration of older persons with greatest economic need in dividing the State into planning and service areas, as provided in § 1321.53; and

(B) Consideration of older persons with greatest economic or social need in developing the intrastate funding formula, as provided in § 1321.49.

(ii) May not include use of a means test. A means test is the use of an older person's income or resources to deny or limit that person's receipt of services under this part;

(5) All planning and service areas and all area agencies in the State.

### § 1321.27 Amendments to the State plan.

The State agency must amend its plan if—

(a) A new or amended Federal statute or regulation requires a new plan provision, or conflicts with any existing plan provision;

(b) A U.S. Supreme Court decision changes the interpretation of a statute or regulation;

(c) The State proposes to change the designation of the State agency, single organizational unit or component unit;

(d) The State agency proposes to add, substantially modify, or delete any Statewide program objective(s);

(e) The State agency proposes to change the designation of any planning and service area; or

(f) The Commissioner requires States to submit annual amendments.

### § 1321.29 Development and review of the State plan and plan amendments.

(a) *State plan based on area plans.* The State agency must periodically consult with all the area agencies in the State to—

(1) Assess the needs of older persons in the State;

(2) Assist in establishing statewide priorities;

(3) Review procedures with regard to the development and implementation of the State plan; and

(4) Ensure that the objectives established in State and area plans are consistent.

(b) *Public Hearings.* The State agency must—

(1) Hold public hearings on the State plan and on all amendments to the State plan identified in § 1321.27;

(2) Give adequate notice to older persons, public officials and other interested parties of the times, dates and locations of the public hearings; and

(3) Hold public hearings throughout the State at times and locations which permit older persons, public officials, and other interested parties reasonable opportunity to participate.

(c) *Review by State Advisory Council.* The State agency must submit the State plan or amendments for review and comment, to the State advisory council.

(d) *Review by the Governor.* The State agency must submit the State plan or

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plan amendments to the Governor for review and signature.

### § 1321.31 Submission of the State plan and plan amendments to the Commissioner for approval.

The State agency must submit the State plan or plan amendments signed by the Governor to the Commissioner at least 60 calendar days before the proposed effective date of the plan, or plan amendments. The Commissioner does not consider a State plan or amendment for approval unless it is signed by the Governor.

### § 1321.33 Approval or disapproval of a State plan and plan amendments.

(a) The Commissioner approves any State plan or amendment that fully meets all Federal requirements including the requirements of this part.

(b) If the Commissioner finds that any required provision of the plan or amendment is unapprovable, the Commissioner follows the procedures in Subpart J to disapprove the plan and withhold further payments to the State.

### § 1321.35 How a State agency is notified.

(a) *Approval.* When the Commissioner approves a State plan or amendment, the Commissioner notifies the Governor and the State agency in writing.

(b) *Disapproval.* When the Commissioner proposes to disapprove a State plan or amendment, the Commissioner notifies the Governor and the State agency in writing. The notice gives the reasons for proposed disapproval and informs the agency that it has 60 days to request a hearing on the proposed disapproval following the procedures specified in Subpart J.

### § 1321.37 Effective dates and expenditures under an approved State plan or amendment.

(a) *Effective date.* An approved State plan or amendment become effective on the date designated by the Commissioner.

(b) *Expenditure.* An agency may not make expenditures under a new plan or amendment until it is approved.

## Subpart D—State Agency Responsibilities

### § 1321.41 Advocacy responsibilities: general.

The State agency must—

(a) Review and comment on all State plans, budgets, and policies which affect older persons;

(b) Conduct public hearings on the needs of older persons;

(c) Coordinate statewide planning and development of activities related to the purposes of the Act and assure that each area agency has effective procedures to coordinate programs related to the purposes of the Act within the planning and service area;

(d) Represent the interests of older persons before legislative, executive and regulatory bodies in the State;

(e) Provide technical assistance to agencies, organizations, associations, or individuals representing older persons;

(f) Establish and operate the long-term care ombudsman program required by § 1321.43; and

(g) Review and comment, upon request, on applications to State and Federal agencies for assistance relating to meeting the needs of older persons.

### § 1321.43 Long-term care ombudsman program.

(a) *General rule.* The State agency must establish and operate a statewide long-term care ombudsman program that meets the requirements of paragraphs (c) through (f) of this section. The State agency may operate the ombudsman program directly, or by contract or other arrangement, with any public agency or private nonprofit organization, except one that is—

(1) Responsible for licensing or certifying long-term care facilities or other residential facilities for older persons, or

(2) An association, or an affiliate or agent of an association, of long-term care facilities for older persons.

(b) *Definition.* For purposes of this section, "long-term care facility" means any—

(1) Skilled nursing facility as defined in Section 1861(j) of the Social Security Act;

(2) Intermediate care facility as defined in Section 1905(c) of the Social Security Act;

(3) Nursing home as defined in Section 1908(e) of the Social Security Act; and

(4) Other similar adult care home as defined by the State agency in the State plan and approved by the Commissioner.

(c) *Appointing an ombudsman.* The State agency must appoint an individual to serve as the State long-term care ombudsman and delegate to the ombudsman the responsibility to—

(1) Investigate and resolve complaints made by or for older persons in long-term care facilities about administrative actions that may adversely affect their health, safety, welfare or rights. "Administrative action" means any action or decision made by an owner, employee or agent of a long-term care facility, or by a government agency, which affects the provision of service to residents covered by this section;

(2) Monitor the development and implementation of Federal, State and local laws, regulations and policies that relate to long-term care facilities in the State;

(3) Provide information to public agencies about the problems of older persons in long-term care facilities;

(4) Train volunteers and assist in the development of citizen organizations to participate in the ombudsman program; and

(5) Carry out other activities consistent with the requirements of this section which the Commissioner determines appropriate.

(d) *Access requirements.* The State agency must establish procedures to ensure that—

(1) The ombudsman program is given appropriate access to long-term care facilities and appropriate private access to residents; and

(2) The ombudsman and the ombudsman's designees are given appropriate access to residents' personal and medical records.

(e) *Confidentiality and disclosure requirements.* The State agency must establish procedures to protect the confidentiality of residents' records and files. These procedures must meet the following requirements:

(1) No information or records maintained by the ombudsman program are disclosed unless the ombudsman authorizes the disclosure; and

(2) The ombudsman does not disclose the identity of any complainant or resident unless—

(i) The complainant or resident, or a legal representative of either, consents in writing to the disclosure and specifies to whom the identity may be disclosed; or

(ii) A court orders the disclosure.

(f) *Reporting system.* The State agency must establish a statewide uniform reporting system to collect and analyze information on complaints and conditions in long-term care facilities for the purpose of identifying and resolving significant problems. The State agency must submit this information to the agency of the State responsible for licensing or certifying long-term care facilities in the State and to the Commissioner in the manner prescribed by the Commissioner.

### § 1321.45 Service delivery systems responsibilities: general.

(a) The State agency must—

(1) Develop and administer the State plan;

(2) Divide the State into planning and service areas, as provided in § 1321.53;

(3) Designate area agencies in those planning and service areas for which the

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State decides to have an area plan developed;

(4) Approve and monitor the administration of area plans;

(5) Provide adequate and effective opportunities for older persons to express their views to the State agency on policy development and program implementation under the plan;

(6) Give preference to older persons with the greatest economic or social need in the delivery of services under the State plan;

(7) Develop an intrastate funding formula, as provided in § 1321.49;

(8) Evaluate the need for social and nutritional services in the State, and determine the extent to which other public and private programs meet the needs;

(9) Conduct periodic evaluation of activities and projects carried out under the State plan, including at least annual on site performance evaluations of each area agency;

(10) Develop and distribute a uniform plan format and guidance for area plans that meets the requirements specified in Subpart F;

(11) Provide technical assistance to area agencies;

(12) Establish an advisory council on aging, as provided in § 1321.47;

(13) Coordinate legal services for older persons in the State, give technical assistance, advice, and training in the provision of legal services to older persons; and make reasonable efforts to maintain existing levels of those services;

(14) Enter into an agreement with the U.S.D.A. State Distributing Agency, as provided in § 1321.147;

(15) Provide administrative and hearing procedures, as required under § 1321.15 and § 1321.51;

(16) Ensure that all older persons in the State have reasonably convenient access to information and referral services; and

(17) Maintain a directory of community focal points in the State.

(b) The State agency may—

(1) Conduct training and development programs for personnel involved in implementing this part; and

(2) Enter into contracts to carry out demonstration projects of statewide significance relating to the initiation, expansion, or improvement of services provided under this part.

### § 1321.47 State advisory council on aging.

(a) *Functions of the council.* The State agency must establish a State advisory council in accordance with paragraphs (b) through (e) of this section to advise and help the State agency to—

(1) Develop and implement the State plan;

(2) Conduct public hearings;

(3) Represent the interests of older persons; and

(4) Review and comment on other State plans, budgets and policies which affect older persons.

(b) *Composition of the council.* More than 50 percent of the persons appointed to the State advisory council must be at least 60 years old and include—(1) Persons with greatest economic or social need; and (2) Participants under this part.

(c) *Frequency of meetings.* The State advisory council must meet at least quarterly.

(d) *Support.* The State agency must provide staff support and assistance to the State advisory council.

(e) *By-laws.* The State agency must develop and make public by-laws which specify the role and functions of the advisory council, number of members, procedures for selection of members, term of membership, and frequency of meetings.

### § 1321.49 Intrastate funding formula.

(a) The State agency, after consultation with all area agencies in the State, must develop and use an intrastate funding formula in accordance with paragraphs (b) through (e) of this section, for the allocation of funds to area agencies under this part.

(b) The formula must—

(1) Include an identical base subgrant to each area agency in the State;

(2) Allocate to rural areas in the State at least 105 percent of the amount spent under Titles III, V, and VII of the Act for services in rural areas in the 1978 Federal fiscal year, as provided in § 1321.185;

(3) Reflect the proportion of persons age 60 and over among the planning and service areas in the State; and

(4) Reflect the proportion among the planning and service areas of persons age 60 and over in greatest economic or social need.

(c) The State agency must publish the formula for review and comment.

(d) The State agency must submit its formula and any proposed revisions to the Commissioner for review and comment as an attachment to the State plan. The State agency must submit with the formula a summary of comments received on it.

(e) The State agency must review and update its formula at least every three years.

### § 1321.51 State agency hearings.

(a) The State agency must provide an opportunity for a hearing to—

(1) Any area agency when the State agency proposes to—

(i) Disapprove the area plan or plan amendment submitted by the area agency as specified in § 1321.83(b); or

(ii) Withdraw the area agency's designation as provided in § 1321.85;

(2) Any applicant for designation as a planning and service area under § 1321.53 whose application is denied;

(3) Any nutrition project specified in § 1321.143(b)(1) which the area agency proposes to defund; and

(4) Any service provider whose application to provide services under an area plan is denied or whose subgrant or contract is terminated or not renewed except as provided in 45 CFR Part 74, Subpart M.

(b) If an agency or organization wants a hearing, it must file a written request for a hearing with the State agency within 30 days following its receipt of the notice of the adverse action.

(c) When it receives a request for a hearing, the State agency must notify the agency or organization of the date, time, and location of the hearing. The State agency must complete the hearing within 120 days of the date the request for hearing was received by the State agency. The State agency must issue the hearing decision within 60 days after the hearing is completed.

(d) At a minimum, the hearing procedures for agencies and organizations identified in paragraphs (a)(1) through (a)(3) of this section must include—

(1) Timely written notice of the reasons for the agency action that is being appealed and the evidence on which the action was based;

(2) An opportunity to review any pertinent evidence on which the agency action was based;

(3) An opportunity to appear in person before an impartial decision maker to refute the basis for the decision;

(4) An opportunity to be represented by counsel or other representative;

(5) An opportunity to present witnesses and documentary evidence;

(6) An opportunity to cross-examine witnesses; and

(7) A written decision by an impartial decision maker which sets forth the reasons for the decision and the evidence on which the decision is based.

(e) The State agency must establish appropriate hearing procedures for agencies and organizations identified in paragraph (a)(4) of this section.

(f) The State agency may terminate formal hearing procedures at any point if the State agency and agency or organization that requested the hearing negotiate a written agreement that

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resolves the issue(s) which led to the hearing.

### § 1321.53 Designation of planning and service areas.

(a) *General rule.* The State agency must divide the State into planning and service areas.

(b) *Application for designation.* The State agency must provide an opportunity to apply to be designated as a planning and service area to any unit of general purpose local government, region metropolitan area, or Indian reservation(s). The application on behalf of an Indian reservation(s) must be made by the governing tribal organization(s).

(c) *Factors to be used in designation.* In dividing the State into planning and service areas, the State agency must consider—

(1) The distribution in the State of persons age 60 and older including those with the greatest economic need;

(2) The views of public officials of the units of general purpose local governments;

(3) The incidence of need for services provided under this part and the resources available to meet these needs; and

(4) The boundaries of units of general purpose local government, regional planning areas, Indian reservations, existing economic development districts and areas within the State established for planning and administering human services, including the areawide comprehensive planning and development districts or regions established pursuant to Office of Management and Budget Circular A-95, Part IV. The State agency is encouraged to include all portions of an economic development district or an Indian reservation within a single planning and service area.

(d) *Decision.* The State agency must document the basis for its designation of each planning and service area.

### § 1321.55 Appeal to the Commissioner.

(a) *General rule.* Any applicant for designation as a planning and service area under § 1321.53(b) whose application is denied by the State agency may appeal the denial to the Commissioner under the procedures specified in paragraphs (b) through (d) of this section.

(b) *State agency hearing.* Before filing an appeal with the Commissioner, the applicant must first request and receive a hearing from the State agency following procedures specified in § 1321.51.

(c) *Time for appeal to Commissioner.* If the applicant decides to appeal the State agency hearing decision, the applicant must file a written appeal with the Commissioner within 30 days following receipt of the hearing decision.

(d) *Review by the Commissioner.* When the Commissioner receives an appeal, the Commissioner requests the State agency to submit—

(1) A copy of the applicant's application for designation as a planning and service area;

(2) A copy of the written decision of the State; and

(3) Any other relevant information the Commissioner may require.

(e) *Procedures for appeal.* The procedures for the appeal consist of—

(1) Prior written notice to the applicant and the State agency of the date, time and location of the hearing;

(2) The required attendance of the head of the State agency or designated representatives;

(3) An opportunity for the applicant to be represented by counsel or other representative; and

(4) An opportunity for the applicant to be heard in person and to present documentary evidence.

(f) *Decision by the Commissioner.*

(1) The Commissioner issues a written decision.

(2) The Commissioner may—

(i) Deny the appeal and uphold the decision of the State agency;

(ii) Uphold the appeal and require the State agency to designate the applicant as a planning and service area; or

(iii) Take other appropriate action, including negotiating between the parties or remanding the appeal to the State agency after initial findings.

(3) The Commissioner upholds the decision of the State agency if it followed the procedures specified in § 1321.51 and § 1321.53, and the hearing decision is not manifestly inconsistent with the purposes of this part.

### § 1321.57 Interstate planning and service area.

(a) The Governor of each State in which a proposed planning and service area crosses State boundaries may request the permission of the Commissioner to designate an interstate planning and service area.

(b) Before requesting this permission, the Governor of each State must execute a written agreement that specifies the State agency proposed to have lead responsibility for administering the programs within the interstate planning and service area and lists the conditions agreed upon by each State governing formation, administration, and dissolution of the interstate planning and service area.

(c) Each Governor who requests this permission must submit the request together with a copy of the agreement as part of the State plan or as an amendment to the State plan.

(d) If the Commissioner approves the request for designation of an interstate planning and service area, the Commissioner reduces the allotment(s) of the State(s) without lead responsibility for administering programs within the area in proportion to the number of individuals age 60 and older in the State(s) portion of the area, and adds the amount(s) to the allotment of the State with lead responsibility.

### § 1321.59 Single State planning and service area.

(a) *Application for designation.* A State may apply to the Commissioner for approval to designate the entire State as a single planning and service area.

(b) *Criteria for approval.* The Commissioner approves the designation of the State as a single planning and service area if—

(1) No jurisdiction successfully applied for designation as a planning and service area under the procedures specified in § 1321.51 through § 1321.55 and

(2) The State agency demonstrates that—

(i) The State is not already divided for purposes of planning and administering human services; or

(ii) The State is so small or rural that the purposes of this part would be frustrated if the State were divided into planning and service areas; and

(iii) The State agency has the capacity to carry out the responsibilities of the area agency specified in Subparts E, F, and G for the entire State.

(c) *Approval by the Commissioner.* If the Commissioner approves the application—

(1) The Commissioner notifies the State agency to develop a Single State Planning and Service Area Plan which meets the requirements of Subparts C and F;

(2) The State agency must meet all the State and area agency function requirements specified in Subparts B, D, E, and G; and

(3) The approval does not extend beyond three years.

(d) *Denial by the Commissioner.* If the Commissioner denies the application, the Commissioner notifies the State to follow the procedures specified in § 1321.53 to divide the State into planning and service areas.

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## Subpart E—Area Agency Designation, Organization, Functions

### § 1321.61 Designation and functions of area agencies.

(a) *General rule.* The State agency must designate an area agency in each planning and service area in which the State agency decides to allocate funds under this part.

(b) *Procedures before designation.* Before designating an area agency, the State agency must—

(1) Consider the views of the unit(s) of general purpose local government within the planning and service area; and

(2) Conduct an on-site assessment to determine whether the agency which is being considered for designation as an area agency has the capacity to perform all of the functions of an area agency specified in this part.

(c) *Functions of area agencies.* The area agency must—

(1) Develop and administer the area plan for a comprehensive and coordinated system of services; and

(2) Serve as the advocate and focal point for older persons in the planning and service area.

### § 1321.63 Types of agencies that may be an area agency.

(a) The State agency may designate as an area agency any one of the following types of agencies that has the authority and the capacity to perform the functions of an area agency:

(1) An established office on aging which operates within the planning and service area;

(2) Any office or agency of a unit of general purpose local government that is proposed by the chief elected official of the unit;

(3) Any office or agency proposed by the chief elected officials of a combination of units of general purpose local government; or

(4) Any other public or private nonprofit agency, except any regional or local agency of the State.

(b) In designating an area agency, the State agency must give preference to—

(1) An established office on aging; or

(2) Any Indian tribal organizations, including consortia, in any planning and service area whose jurisdiction is essentially the same as that of one or more Indian reservations.

### § 1321.65 Organization of the area agency.

(a) An area agency may be either—

(1) An agency whose single purpose is to administer programs for older persons; or

(2) A multipurpose agency with the authority and capacity to administer human services in the area. A multipurpose agency must delegate all its authority and responsibility under this part to a single organizational unit in the agency unless the area agency receives a waiver of this requirement from the State agency under paragraphs (b) and (c) of this section.

(b) The area agency may request a waiver of the requirement in paragraph (a)(2) of this section if the area agency—

(1) Submits its request as part of its area plan or as a plan amendment;

(2) Describes its methods for carrying out its functions and responsibility under this part; and

(3) Designates a component unit of the area agency to plan and develop all policy on programs for older persons under this part, and to provide a visible focal point for advocacy, coordination, monitoring and evaluation of programs for older persons in the planning and service area.

(c) The State agency may approve a request for waiver if it finds that the area agency can effectively carry out its functions and responsibilities under this part without a single organizational unit.

### § 1321.67 Area agency procedures.

(a) The area agency must have written procedures for carrying out its functions under this part that meet procedural requirements specified by the State agency.

(b) If the area agency is not an areawide A-95 clearinghouse, the area agency must seek to enter into a memorandum of agreement with the A-95 clearinghouse. The memorandum must cover the means by which the area agency and A-95 clearinghouse propose to coordinate their planning activities. The agreement must, at a minimum, include the matters contained in OMB Circular A-95, Part IV.

### § 1321.69 Staffing.

(a) *Type of Staff.* The area agency, single organizational unit, or component unit where one exists, must have a qualified full-time director and an adequate number of qualified staff.

(b) *Staffing plan.* The area agency must have on file for review a staffing plan that identifies the number and types of staff assigned to carry out area agency responsibilities and functions under this part.

(c) *Preference.* Subject to merit system requirements, the area agency must give preference in hiring to persons 60 or older.

(d) *Affirmative action.* Any area agency which is a public agency must have an affirmative action program which complies with the requirements of § 900.607 of Title 5 of the Code of Federal Regulations, Part 900, Subpart F, Standards for a Merit System of Personnel Administration.

## Subpart F—The Area Plan

### § 1321.71 What is an area plan.

An area plan is the document submitted by an area agency to the State agency in order to receive subgrants or contracts from the State agency's grant under this part. The area plan contains provisions required by the Act and this part and commitments that the area agency will administer activities funded under this part in accordance with all Federal requirements. The area plan also contains a detailed statement of the manner in which the area agency is developing a comprehensive and coordinated system throughout the planning and service area for all services authorized under this part. An area agency may receive subgrants or contracts under this part only under an approved area plan. An area agency may use its subgrants or contracts under this part only for activities under its approved plan.

### § 1321.73 Duration and format of the area plan.

(a) The area plan must be for the three year period specified by the State agency.

(b) The area agency must submit an area plan or amendment to the State agency in accordance with the uniform area plan format and other instructions issued by the State agency.

### § 1321.75 Comprehensive and coordinated service delivery system.

(a) The area plan must provide for the development of a comprehensive and coordinated service delivery system for social and nutrition services needed by older persons in the planning and service area in which the area agency enters into cooperative arrangements with other service planners and providers to—

(1) Facilitate access to and utilization of all existing services; and

(2) Develop social and nutrition services effectively and efficiently to meet the needs of older persons.

(b) Service components of a comprehensive and coordinated service delivery system that may be funded under this part are—

(1) Services which facilitate access, such as transportation, outreach, information and referral, escort, individual needs assessment and service management;

(2) Services provided in the community, such as congregate meals, continuing education, health and health

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screening, legal services, program development and coordination activities, advocacy, information and referral, individual needs assessment and service management, casework, counseling and assistance (concerning taxes, financial problems, welfare, the use of facilities and services, pre-retirement or second career), day care, protective services, health screening, services designed for the unique needs of the disabled, emergency services, including disaster relief services, residential repair and renovation, physical fitness, and recreation services, services in helping to obtain adequate housing. Alteration, renovation, acquisition and, where permitted according to the provisions of § 1321.131, construction of facilities to be used as multipurpose senior centers, are community services for purposes of this part;

(3) Services provided in the home, such as home health, homemaker services, home health aide services, legal services, preinstitutional evaluation, casework, counseling, chore maintenance, visiting, shopping, readers, letter writing, and telephone reassurance, home delivered meals and nutrition education; and

(4) Services provided to residents of care providing facilities, such as casework, counseling, placement and relocation assistance, group services, legal services, complaint and grievance resolution and visiting. Care providing facilities include long term care facilities as defined in § 1321.43(b), emergency shelters, and other congregate living arrangements.

### § 1321.77 Content of the area plan.

(a) *Comprehensive and coordinated system.* An area plan must provide for the comprehensive and coordinated service delivery system specified in § 1321.75.

(b) *Area agency function requirements.* An area plan must provide that the area agency function requirements are met for—

(1) Monitoring, evaluating, and commenting on policies and programs affecting the older persons, as provided in § 1321.91(a);

(2) Arrangements with children's day care organizations, as provided in § 1321.93(k);

(3) Arrangements with educational institutions, as provided in § 1321.93(1);

(4) Assessment of need for services in the planning and service area, and evaluation of effectiveness of services being provided, as provided in § 1321.93(b);

(5) Awarding subgrants and entering into contracts for the provision of services under the plan, as provided in § 1321.93(c);

(6) Technical assistance and evaluation of all providers, as provided in § 1321.93(d);

(7) Considering the views of older persons, as provided in § 1321.93(i);

(8) Outreach efforts, as provided in § 1321.93(j);

(9) Designation of community focal points, as provided in § 1321.95; and

(10) Coordination with other Federal programs serving older persons, as provided in § 1321.99.

(c) *Service delivery requirements.* An area plan must provide that the service delivery requirements are met for—

(1) Giving preference to older persons with greatest economic or social need, as provided in § 1321.93(g);

(2) Restricting direct provision of services, as provided in § 1321.103;

(3) All service providers concerning licensure, safety, training, outreach, coordination, preference to those with greatest economic or social need, contributions, maintenance of non-Federal support for services, and advisory role for older persons, as provided in §§ 1321.105 through 1321.113;

(4) Multipurpose senior centers activities, as provided in §§ 1321.121 through 1321.137;

(5) Nutrition services, as provided in §§ 1321.141 through 1321.147;

(6) Legal services, as provided in § 1321.151;

(7) Information and referral services, as provided in § 1321.161; and

(8) Transportation services, as provided in § 1321.171.

(d) *Fiscal requirements.* An area plan must provide that the requirement of § 1321.187 is met for expenditure of 50 percent of its social services allotment for priority sevices.

(e) *Informational requirements.* The area plan must specify—

(1) Program objectives to implement the service delivery requirements specified in paragraphs (c)(1), and (c)(4) through (c)(7) of this section, that are consistent with the requirements of this part and objectives established by the State agency;

(2) A resource allocation plan indicating the proposed use of all funds for programs for older persons directly administered by the area agency;

(3) An identification of designated community focal points;

(4) Methods the area agency uses to set services priorities under the plan, particularly those services specified in § 1321.187(a); and

(5) Proposed methods for giving preference to those with greatest economic or social need in the provision of services under the plan. These methods—

(i) Must include, but are not limited to, consideration of older persons with greatest economic or social need in the designation of community focal points, as provided in § 1321.95; and

(ii) May not include use of a means test. A means test is the use of an older person's income or resources to deny or limit that person's receipt of services under this part.

### § 1321.79 Amendments to the area plan.

The area agency must amend the plan if—

(a) A new or amended State or Federal statute or regulation requires a new provision, or conflicts with any existing plan provision;

(b) A U.S. Supreme Court decision changes the interpretation of a statute or regulation;

(c) The area agency proposes to change the designation of the single organizational unit or component unit;

(d) The area agency proposes to add, substantially modify, or delete any area plan objective(s); or

(e) The State agency requires further annual amendments.

### § 1321.81 Review of the area plan and plan amendments.

(a) *Public hearing.* The area agency must—

(1) Hold at least one public hearing on the area plan and on all amendments to the area plan specified in § 1321.79;

(2) Give adequate notice to older persons, public officials, and other interested parties of the times, dates, and locations of the public hearing(s); and

(3) Hold the public hearing(s) at a time and location which permit older persons, public officials, and other interested parties reasonable opportunity to participate.

(b) *Review by advisory council and clearinghouses.* The area agency must submit the area plan and amendments for review and comment, to the advisory council, and to the State and areawide A-95 clearinghouses in accordance with OMB Circular A-95, Part I.

(c) *State agency approval.* The area agency must submit the area plan or amendments to the State agency for approval, following procedures specified by the State agency.

### § 1321.83 Approval or disapproval of an area plan and plan amendments.

(a) The State agency must approve an area plan or amendment which meets the requirements of this part and any other requirements established by the State agency under its authority under this part.

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(b) If the State agency finds that any provision of the area plan or plan amendment is not approvable, the State agency must follow the procedures in § 1321.51 to disapprove the plan or plan amendment.

### § 1321.85 Withdrawal of area agency designation and continuity of services.

(a) The State agency withdraws the area agency designation whenever the State agency, after reasonable notice and opportunity for a hearing, as provided in § 1321.51, finds that—

(1) The area agency does not meet the requirements of this part;

(2) The plan or plan amendment is not approved; or

(3) There is substantial failure in the provisions or administration of an approved area plan to comply with any provision of this part.

(b) If the State agency withdraws and area agency's designation under paragraph (a) of this section, it must—

(1) Notify the Commissioner in writing of its action;

(2) Provide a plan for the continuity of services in the affected planning and service area; and

(3) Designate a new area agency in the planning and service area in a timely manner.

(c) If necessary to ensure continuity of services in a planning and service area, the State agency may, for a period up to 180 days after its final decision to withdraw designation of an area agency—

(1) Perform the responsibilities of the area agency; or

(2) Assign the responsibilities of the area agency to another agency in the planning and service area.

(d) The Commissioner may extend for a period of up to an additional 180 days the limit in paragraph (c) of this section if the State agency—

(1) Requests an extension; and

(2) Demonstrates to the satisfaction of the Commissioner a need for the extension.

## Subpart G—Area Agency Responsibilities

### § 1321.91 Advocacy responsibilities of the area agency.

The area agency must—

(a) Monitor, evaluate, and comment on all policies, programs, hearings, levies, and community actions which affect older persons;

(b) Conduct public hearings on the needs of older persons;

(c) Represent the interests of older persons to public officials, public and private agencies or organizations;

(d) Carry out activities in support of the State administered long-term care ombudsman program; and

(e) Coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons.

### § 1321.93 Area agency general planning and management responsibilities.

The area agency must—

(a) Develop and administer an area plan for a comprehensive and coordinated service delivery system in the planning and service area, in compliance with all applicable laws and regulations, including all requirements of this part;

(b) Assess the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of the use of resources in meeting these needs;

(c) Except as provided in § 1321.103, award subgrants or enter into contracts to provide all services under the plan;

(d) Provide technical assistance, monitor, and periodically evaluate the performance of all service providers under the plan;

(e) Coordinate the administration of its plan with the Federal programs specified in §1321.99, and with other Federal, State and local resources in order to develop the comprehensive and coordinated service system required by § 1321.75;

(f) Establish an advisory council as required by § 1321.97;

(g) Give preference in the delivery of services under the area plan to older persons with the greatest economic or social need;

(h) Assure that older persons in the planning and service area have reasonably convenient access to information and referral services;

(i) Provide adequate and effective opportunities for older persons to express their views to the area agency on policy development and program implementation under the plan;

(j) Have outreach efforts to identify older persons and inform them of the availability of services under the plan. These outreach efforts should have special emphasis on the rural elderly, and on those with greatest economic or social needs. With respect to nutrition services, have outreach efforts that ensure that the maximum number of eligible persons have an opportunity to receive services;

(k) If possible, have arrangements with children's day care organizations so that older persons can volunteer to help provide the day care;

(l) If possible, have arrangements with local educational agencies, institutions of higher education, and nonprofit private organizations, to use the services provided older individuals under the community schools program of the Elementary and Secondary Education Act of 1965;

(m) Develop and publish the methods that the agency uses to establish priorities for services, particularly those specified in § 1321.187;

(n) Establish procedures governing outreach, training and coordination activities of service providers; and

(o) Attempt to involve the private bar in legal services activities as provided in § 1321.151, including groups within the private bar that furnish legal services on a pro bono and reduced fee basis;

(p) Designate, if feasible, community focal points as provided in § 1321.95.

### § 1321.95 Designation of community focal points for service delivery.

(a) *General rule.* In order to facilitate ready access to services provided under the area plan, and encourage the maximum collocation and coordination of services for older persons, the area agency must designate, if feasible, a focal point for comprehensive services delivery in each community.

(b) *Procedures for designating community focal points for service delivery.* The area agency must—

(1) Specify in the area plan the communities in which it proposes to designate and develop focal points. In making the determination, the area agency must consider—

(i) Communities with the greatest incidence of older persons with the greatest economic or social need;

(ii) The delivery pattern of services funded under this part and funded from other sources;

(iii) The location of multipurpose senior centers and congregate nutrition sites;

(iv) The geographic boundaries of communities and natural neighborhoods; and

(v) The location of facilities suitable for designation.

(2) Designate a facility to be a community focal point in each community selected under paragraph (b)(1) of this section. In making this designation, the area agency must—

(i) Give special consideration to multipurpose senior centers; and

(ii) Assure that the facility currently or potentially can accommodate the collocation of services.

(c) *Developing collocation of services.* The area agency must—

(1) Establish guidelines for operating schedules at the focal point which are convenient for older persons in the community;

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(2) Assure the community focal point has direct access to existing information and referral and emergency services programs; and

(3) Encourage service providers to collocate their services at the community focal point and coordinate with other services provided at the focal point.

### § 1321.97 Area agency advisory council.

(a) *Functions of council.* The area agency must establish an advisory council in accordance with paragraphs (b) through (e) of this section. The council must advise the agency to—

(1) Develop and administer the area plan;

(2) Conduct public hearings;

(3) Represent the interests of older persons; and

(4) Review and comment on all community policies, programs and actions which affect older persons.

(b) *Composition of the council.* The advisory council must be made up of—

(1) More than 50 percent older persons and include—

(i) Older persons with greatest economic or social need; and

(ii) Participants under this part;

(2) Representatives of older persons;

(3) Local elected officials; and

(4) The general public.

(c) *Frequency of meetings.* The area agency advisory council must meet at least quarterly.

(d) *Support.* The area agency must provide staff and assistance to the advisory council.

(e) *By-laws.* The area agency must develop and make public by-laws which specify the role and functions of the advisory council, number of members, procedures for selection of members, term of membership, and the frequency of meetings.

### § 1321.99 Coordination with other programs.

To carry out its responsibility to develop a comprehensive and coordinated service delivery system, the area agency must establish effective and efficient procedures to coordinate with—

(a) Health systems agencies designated under Title XV of the Public Health Services Act; and

(b) Agencies administering the following programs—

(1) The Comprehensive Employment and Training Act of 1973;

(2) Title II of the Domestic Volunteer Act of 1973;

(3) Titles II, XVI, XVIII, XIX, and XX of the Social Security Act;

(4) Sections 231 and 232 of the National Housing Act;

(5) The United States Housing Act of 1937;

(6) Section 202 of the Housing Act of 1959;

(7) Title I of the Housing and Community Development Act of 1974;

(8) Section 222(a)(8) of the Economic Opportunity Act of 1964;

(9) The community schools program under the Elementary and Secondary Education Act of 1964; and

(10) Sections 3, 5, 9 and 16 of the Urban Mass Transportation Act of 1964.

## Subpart H—Service Requirements

### General Requirements Applicable to All Services

### § 1321.101 State agency approval of area agency subgrants or contracts.

(a) The State agency may not require the area agency to submit to it for prior review or approval any proposed subgrants or contracts with public or private nonprofit agencies or organizations.

(b) The area agency must submit to the State agency for prior approval any proposed contracts with profit making organizations to provide services under the area plan. The State agency approves the contract only if the area agency demonstrates that the profit making organization can provide services in a manner clearly superior to other available public or private nonprofit service providers.

### § 1321.103 Direct provision of services by State and area agencies.

(a) *General rule.* A State or area agency must use subgrants or contracts with service providers to provide all services under this part unless the State agency decides that direct provision of a service by the State or area agency using its own employees is necessary to assure an adequate supply of the services. A State agency may only provide services directly when the State has been designated as a single planning and service area, as provided in § 1321.59.

(b) *Effectively and efficiently.* For purposes of this section, effectively refers to capacity to provide a defined service. It includes considerations of service quality and delivery criteria, such as adequate quantity and timeliness. Efficiently refers to the relative total cost of providing a unit of service.

(c) *Test for adequate supply for services related to area agency statutory functions.*

(1) For any of the services directly related to an area agency's statutory functions, direct provision is necessary to assure an adequate supply if the State agency decides that the area agency (or the State agency in a single planning and service area State) can and will perform the services more effectively and efficiently than any other provider.

(2) Services directly related to the statutory advocacy and service delivery functions of the area agency are those which must be performed in a consistent manner throughout the agency's jurisdiction. These services are: information and referral, outreach, advocacy, program development, coordination, individual needs assessment and case management.

(d) *Test for adequate supply for other services.* For any other service under this part except the ombudsman program required by § 1321.43 and the services identified in paragraph (c)(2) of this section, direct provision is necessary to assure an adequate supply if the area agency can and will provide the service substantially more effectively and efficiently than any other provider.

(e) *Services not under this part.* The area agency may plan, coordinate, and provide services funded under other programs if it continues to meet all its area agency responsibilities.

### § 1321.105 Licensure and safety requirements.

All services provided under this part must meet any existing State and local licensure and safety requirements for the provision of those services.

### § 1321.107 Outreach, training, and coordination requirements.

All service providers under this part must comply with procedures established by the area agency for—

(a) Outreach activities to ensure participation of eligible older persons;

(b) Training and use of elderly and other volunteers and paid personnel; and

(c) Coordination with other service providers in the planning and service area.

### § 1321.109 Preference for older persons with greatest economic or social need.

All service providers under this part must follow priorities set by the area agency for serving older persons with greatest economic or social need. Service providers may use methods such as location of services and specialization in the types of services most needed by these groups to meet this requirement. Service providers may not use a means test.

### § 1321.111 Contributions for services under the area plan.

(a) *Opportunity to contribute.* Each service provider must—

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(1) Provide each older person with a free and voluntary opportunity to contribute to the cost of the service;

(2) Protect the privacy of each older person with respect to his or her contribution;

(3) Establish appropriate procedures to safeguard and account for all contributions; and

(4) Use all contributions to expand the services of the provider under this part. Nutrition services providers must use all contributions to increase the number of meals served.

(b) *Contribution schedules.* Each service provider may develop a suggested contribution schedule for services provided under this part. In developing a contribution schedule the provider must consider the income ranges of older persons in the community and the provider's other sources of income.

(c) *Failure to contribute.* A service provider that receives funds under this part may not deny any older person a service because the older person will not or cannot contribute to the cost of the service.

(d) *Contributions as program income.* Contributions made by older persons are considered program income.

### § 1321.113 Maintenance of non-Federal support for services.

Each service provider must—

(a) Assure that funds under this part are not used to replace funds from non-Federal sources; and

(b) Agree to continue or initiate efforts to obtain support from private sources and other public organizations for services funded under this part.

### § 1321.115 Advisory role to service providers of older persons.

Each service provider under the area plan must have procedures for obtaining the views of participants about the services they receive.

## Multipurpose Senior Centers

### § 1321.121 Multipurpose senior centers.

(a) *Purpose of making awards.* The area agency may award social service funds under this part to a public or private nonprofit agency for the following purposes—

(1) Acquiring, altering, leasing, or renovating a facility, including a mobile facility, for use as a multipurpose senior center;

(2) Constructing a facility, including a mobile facility for use as a multipurpose senior center, subject to the provision of § 1321.131; or

(3) The costs of professional and technical personnel required to operate a center.

(b) *Definitions.* For purposes of this subpart,

(1) "Acquiring" means obtaining ownership of an existing facility in fee simple or by lease for 10 years or more for use as a multipurpose senior center.

(2) "Altering" or "renovating" means making modifications to an existing facility which are necessary for its effective use as a multipurpose senior center. This includes restoration, repair, expansion and all related physical improvements.

(3) "Constructing" means building a new facility, including the costs of land acquisition and architectural and engineering fees.

(c) *Preference.* In making awards for the purposes specified in paragraph (a) of this section, the area agency must give preference to facilities located in communities with the greatest incidence of older persons with the greatest economic or social need.

### § 1321.123 Health, safety, and construction requirements.

(a) *General.* A recipient of any award for multipurpose senior center activities must comply with all applicable State and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes.

(b) *Life Safety.* If in the judgement of the State agency, existing fire and safety laws, ordinances or codes are inadequate to protect the health and safety of participants, the State agency may require a recipient of any multipurpose senior center award to—

(1) Comply with the provisions of the applicable building occupancy classification of the National Fire Protection Association "Life Safety Code".

(i) These regulations incorporate by reference the "Life Safety Code," (NFPA No. 101, 1976 edition). This incorporation by reference was approved by the Director of the Federal Register on July 17, 1979. This code is available from the National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02210 at a cost of $5.00 per copy.

(ii) A copy of the "Life Safety Code" is available for inspection at the Administration on Aging Public Inquiries, Room 4146, 330 Independence Avenue, SW., Washington, D.C. 20201, and at the Office of the Federal Register Library, Room 8401, 1100 L Street, NW., Washington, D.C. 20408.

(2) Install, in consultation with State or local fire authorities, an adequate number of smoke detectors in the senior center; and

(3) Have a plan for assuring the safety of older persons in a natural disaster or other safety threatening situations.

(c) *Architectural Barriers.* The plans and specifications for an award for acquiring, altering, renovating or constructing a multipurpose senior center facility must comply with regulations relating to minimum standards of construction, particularly with the requirements of the Architectural Barriers Act of 1968.

(d) *Technical adequacy.* The State agency must assure the technical adequacy of any proposed alteration or renovation of a multipurpose senior center assisted under this part. The State agency assures technical adequacy by requiring that any alteration or renovation of a multipurpose senior center that affects the load bearing members of the facility is structurally sound and complies with all applicable local or State ordinances, laws, or building codes. In absence of these codes, the State agency must assure compliance with Chapter 23 of the Uniform Building Code, or chapter 12 of the Standard Building Code.

### § 1321.125 Federal labor standards.

A recipient of an award for altering, renovating or constructing a facility to be used as a multipurpose senior center must comply with the requirements of the Davis-Bacon Act and other mandatory Federal labor standards.

### § 1321.129 Length of use of an acquired or constructed facility.

(a) A facility acquired to be used as a multipurpose senior center must be used for that purpose for at least 10 years from the date of acquisition.

(b) A facility constructed to be used as a multipurpose senior center must be used for that purpose for at least 20 years after completion of construction.

(c) The Commissioner upon request from the State agency may waive the requirements specified in paragraphs (a) and (b) of this section in unusual circumstances.

### § 1321.131 Special conditions for acquiring by purchase, or constructing a facility.

(a) The area agency must obtain the approval of the State agency before making an award for constructing a facility.

(b) The State agency may approve the construction of a facility after considering the views of the area agency if it finds that there is no other suitable facility available to be a focal point for service delivery.

(c) The area agency may make an award for purchasing or constructing a facility only if there are no suitable facilities for leasing.

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### § 1321.133 Prohibition on sectarian use of a facility.

A facility altered, acquired, renovated, or constructed using funds under this part to be used as a multipurpose senior center may not be used and may not be intended to be used for sectarian instruction or as a place for religious worship.

### § 1321.135 Funding and use requirements.

(a) Sufficient funds must be available to meet the non-Federal share of the award;

(b) Sufficient funds must be available to effectively use the facility as a multipurpose senior center;

(c) In a facility that is shared with other age groups, funds received under this part may support only—

(1) That part of the facility used by older persons; or

(2) A proportionate share of the costs based on the extent of use of the facility by older persons; and

(d) A multipurpose senior center program must be operated in the facility.

### § 1321.137 Recapture of payments for acquired or constructed facilities.

(a) The United States government is entitled to recapture a portion of Federal funds from the owner of a facility if within 10 years after acquisition or 20 years after completion of construction—

(1) The owner of the facility ceases to be a public or non-profit private agency or organization; or

(2) The facility is no longer used for multipurpose senior center activities.

(b) The amount recovered under paragraph (a) of this section is that proportion of the current value of the facility equal to the proportion of Federal funds contributed to the original cost. The current value of the facility is determined by an agreement between the owner of the facility and the Federal government, or by an action in the Federal district court in which the facility is located.

## Nutrition Services

### § 1321.141 Nutrition services.

(a) *Purpose of making awards.* The area agency may award nutrition services funds received under this part to provide meals and other nutrition services, including outreach, and nutrition education, to older persons. In making these awards the area agency must assure that congregate meals are provided and that home-delivered meals are provided based on an assessment of need by the area agency and nutrition service providers.

(b) *Eligibility.*

(1) *Congregate nutrition services.* A person age 60 or older, and the spouse of the person regardless of age, are eligible to participate in congregate nutrition services under this part.

(2) *Home-delivered nutrition services.* A person age 60 or over who is homebound by reason of illness, incapacitating disability or is otherwise isolated is eligible to receive a home-delivered meal. The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person.

(c) *Assessment of need.* The area agency must assess the level of need for congregate and home-delivered meals within the planning and service area.

### § 1321.143 Selection of nutrition services providers.

(a) *General rule.* The area agency may make awards for congregate and home-delivered nutrition services to a provider that furnishes either or both type(s) of service(s). The area agency may make awards only to providers that meet the requirements of § 1321.145 and § 1321.147.

(b) *Existing nutrition services providers.*

(1) The area agency must award funds to a nutrition services provider that—

(i) Was a nutrition project receiving funds under the former Title VII of the Act on September 30, 1978. For purpose of this requirement, "nutrition project" means the recipient of a subgrant or contract to provide nutrition services, other than the area agency, which met the requirements for a project specified in the former Title VII and implementing regulations.

(ii) Meets the requirements of this subpart; and

(iii) Has carried out its nutrition services activities with demonstrated effectiveness.

(2) The area agency must make awards to a project specified in paragraph (b)(1) of this section for the services authorized under Title III Part C, Subpart 1 and Subpart 2 that the project was providing on September 30, 1978, if the project applies to provide those services. At a minimum, the amount of the awards must equal the amount of the project's award in effect on September 30, 1978 for services allowable under Title III Part C.

(3) Except as provided in 45 CFR part 74, Subpart M, the area agency may not discontinue funding to a nutrition project specified in paragraph (b)(1)(i) of this section unless the State agency—

(i) Has given the project an opportunity for a hearing, in accordance with § 1321.51; and

(ii) Has determined that the project—

(A) Does not meet the requirements of this subpart; or

(B) Has not carried out nutrition services activities with demonstrated effectiveness. The State agency may not set criteria for demonstrated effectiveness that are different from the requirements imposed on projects during the period for which their performance is being measured.

(c) *Existing home delivered meals providers.* Consistent with the requirements of paragraph (b) of this section and, to the extent feasible, the area agency must give preference in making awards for home-delivered meals to public, private nonprofit, and voluntary organizations which—

(1) Have demonstrated an ability to provide home-delivered meals efficiently and reasonably; and

(2) Have furnished assurances to maintain efforts to solicit voluntary support and not to use funds received under this part to supplant funds from non-Federal sources.

### § 1321.145 Special requirements for nutrition services providers.

(a) *Requirements for congregate providers.* Each congregate provider must—(1) Provide hot or other appropriate meals in a congregate setting at least once a day, five or more days a week;

(2) Locate congregate nutrition services as close as possible and, where feasible and appropriate, within walking distance, to the majority of eligible older persons; and

(3) Assess the need for home-delivered meals among participants at its congregate sites.

(b) *Requirements for home-delivered meals providers.* Each home-delivered meals provider must:

(1) Assess the need for home-delivered meals among the participants for whom it has responsibility;

(2) Provide for home-delivered meals at least once a day, five or more days a week. Meals may be hot, cold, frozen, dried, canned or supplemental foods with a satisfactory storage life; and

(3) With the consent of the older person, or his or her representative, bring to the attention of appropriate officials for follow up, conditions or circumstances which place the older person or the household in imminent danger.

(4) Where feasible and appropriate, make arrangements for the availability of meals to older persons in weather related emergencies.

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### § 1321.147 Food requirements for all nutrition services providers.

(a) In purchasing food, and preparing and delivering meals, the nutrition services providers must follow appropriate procedures to preserve nutritional value and food safety.

(b) The nutrition service providers must comply with all State and local health laws and ordinances concerning preparation, handling and serving food.

(c) The nutrition services provider must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals. In determining feasibility and appropriateness, the provider must use the following criteria—

(1) Whether there are sufficient numbers of persons who need the special menus to make their provision practical; and

(2) Whether the food and skills necessary to prepare the special menus are available in the planning and service area.

(d) The nutrition services provider must have available for use upon request appropriate food containers and utensils for blind and handicapped participants.

(e) Each meal served by the nutrition services provider must contain at least one-third of the current Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Academy of Sciences—National Research Council.

(f) U.S.D.A. food assistance programs.

(1) *Direct assistance for nutrition services.*

(i) The State agency must have an agreement with the U.S.D.A. State Distributing Agency to assure the availability to nutrition services providers under this part of food, cash, or a combination of food and cash.

(ii) The State agency must distribute all food, cash or the combination of food and cash received from U.S.D.A. through area agencies to nutrition services providers based on each provider's proportion of the total number of meals served in the State.

(iii) The State agency must comply with the requirements of 7 CFR Part 250 for participation in the U.S.D.A. program.

(iv) A nutrition services provider must accept and use appropriate U.S.D.A. food made available by the State agency, and must assure appropriate and cost effective arrangements for the transportation, storage and use of the food.

(v) If a nutrition service provider receives cash instead of food, the provider must spend the cash only for buying United States agriculture commodities and other food.

(2) *Food stamp program.* The nutrition services providers must assist participants in taking advantage of benefits available to them under the food stamp program. The nutrition services provider must coordinate its activities with agencies responsible for administering the food stamp program to facilitate participation of eligible older persons in the program.

## Legal Services

### § 1321.151 Legal services.

(a) *Purpose of the award.* The area agency must award social services funds under this part for legal services to older persons with economic or social needs. The purpose of awards under this section is to increase the availability of legal services with a priority on older persons with the greatest economic or social need in order to assist them to secure their rights, benefits and entitlements, and to assist them in achieving the objectives of the Act. Legal services provided with funds under this part must be in addition to any legal services already being provided to older persons in the planning and service area.

(b) *Definition.* "Legal services" means legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer where permitted by law, to older persons with economic or social needs.

(c) *Conditions legal service providers must meet.*

(1) A legal service provider must be either—

(i) An organization that receives funds under the Legal Services Corporation Act; or

(ii) An organization that has a legal services program or the capacity to develop one.

(2) The area agency must award funds to the legal services provider(s) that most fully meet(s) the following standards. The legal services provider(s)—

(i) Has staff with expertise in specific areas of law affecting older persons in economic or social need; for example, public benefits, institutionalization and alternatives to institutionalization;

(ii) Demonstrates the capacity to provide effective administrative and judicial representation in the areas of law affecting older persons with social or economic need;

(iii) Demonstrates the capacity to provide support to other advocacy efforts, for example, the long-term care ombudsman program;

(iv) Demonstrates the capacity to effectively deliver legal services to institutionalized, isolated, and homebound individuals;

(v) Has offices and/or outreach sites which are convenient and accessible to older persons in the community;

(vi) Demonstrates the capacity to provide legal services in a cost effective manner; and

(vii) Demonstrates the capacity to obtain other resources to provide legal services to older persons.

(3) Each legal service provider must—

(i) Make efforts to involve the private bar in legal services provided under this part, including groups within the private bar that furnish legal services to older persons on a pro bono and reduced fee basis;

(ii) Ensure that no attorney of the provider engages in any outside practice of law if the director of the provider has determined that the practice is inconsistent with the attorney's full time responsibilities;

(iii) Ensure that while employed under this part, no employee and no staff attorney of the provider at any time—

(A) Uses official authority or influence for the purpose of interfering with or affecting the results of an election or nomination for office, whether partisan or nonpartisan;

(B) Directly or indirectly coerces, attempts to coerce, command or advise an employee of any provider to pay, lend, or contribute anything of value to a political party, or committee, organization, agency or person for political purposes;

(C) Is a candidate for partisan elective public office; or

(D) Engages in any voter registration activity.

(iv) In areas where a significant number of clients do not speak English as their principal language, adopt employment policies that ensure that legal assistance will be provided in the language spoken by those clients;

(v) Adopt a procedure for affording the public appropriate access to the Act, regulations and guidelines under this part, the provider's written policies, procedures, and guidelines, the names and addresses of the members of its governing body, and other materials that the provider determines should be disclosed. The procedure adopted must be approved by the area agency; and

(vi) Ensure that legal services are not provided in fee generating cases, as

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defined in 45 CFR § 1609.2 unless adequate representation is unavailable from private attorneys;

(vii) Ensure that no employee and no staff attorney of the provider shall directly or indirectly engage in activities intended to influence the passage or defeat of any legislation by the Congress of the United States or by any State or local legislative body or State proposals by initiative petition except where—

(A) Representation by a provider for a client is necessary with respect to such client's rights and responsibilities (except that no employee shall solicit a client in violation of professional responsibilities for the purpose of making such representation possible); or

(B) A governmental agency, legislative body, committee or member thereof requests the provider to testify, draft or review measures or to make representations to such agency, body, committee or member, or is considering a measure directly affecting the activities of a provider under this part; and

(viii) Ensure that, while providing legal services, no employee and no staff attorney of the provider engages in demonstrations, picketing, boycotts, or rioting or civil disturbance or any illegal activities, as defined at 45 CFR § 1612.1, § 1612.2, § 1612.3.

(4) Each legal services provider that is not a Legal Services Corporation grantee must agree to coordinate its services with Legal Services Corporation grantees in order to concentrate legal services funded under this part on older persons with the greatest economic or social need who are not eligible for services under the Legal Services Corporation Act. In carrying out this requirement, legal services providers may not use a means test or require older persons to apply first for services through a Legal Services Corporation grantee.

(d) *Case priorities.* A legal service provider under this part may, with the approval of the area agency, set priorities for the categories of cases for which it will provide legal representation in order to concentrate on older persons with the greatest economic or social need. In setting case priorities, a legal service provider may consider the availability of staff resources in determining the extent of legal advice and representation to provide individual older persons.

(e) *Information about income and resources.* A legal service provider may not require an older person to disclose information about income or resources as a condition for providing legal services under this part. A legal service provider may ask about the person's financial circumstances as a part of the process of providing legal advice, counseling and representation, or for the purpose of identifying additional resources and benefits for which an older person may be eligible.

## Information and Referral Services

### § 1321.161 Information and referral services.

(a) The area plan must provide for information and referral services sufficient to ensure that all older persons within the planning and service area have reasonably convenient access to the service.

(b) In areas in which a significant number of older persons do not speak English as their principal language, the service provider must provide information and referral services in the language spoken by the older persons.

(c) "Information and referral service" means a system to link people in need of services to appropriate resources. A provider of information and referral services must—

(1) Maintain current information with respect to the opportunities and services available to older persons;

(2) Develop current lists of older persons in need of services and opportunities; and

(3) Employ a specially trained staff to inform older persons of the opportunities and services which are available and to assist older persons to take advantages of the opportunities and services.

(d) An information and referral services provider may disclose information by name about an older person only with the informed consent of the older person or his or her authorized representative.

## Transportation Services

### § 1321.171 Transportation agreements.

The area agency (or the State agency in a single planning and service area State) may enter into transportation agreements with agencies which administer programs under the Rehabilitation Act of 1973 and Titles XIX and XX of the Social Security Act to meet the common need for transportation of service participants under the separate programs. Agreements entered into under this section are exempt from the requirement of § 1321.207.

## Subpart I—Fiscal Requirements

### § 1321.181 Allotments and grants to States.

(a) *General rule.* The Commissioner makes annual allotments to each State to pay part of the costs of administration and services under the State plan.

(b) *Types of allotments.* Each State receives separate allotments for—

(1) State agency administration;

(2) Social services including senior center services;

(3) Congregate nutrition services; and

(4) Home delivered nutrition services.

(c) *Amounts alloted for social and nutrition services.* From the sums appropriated each fiscal year for social and nutrition services, each State is alloted an amount based on the ratio of its population age 60 and older to the national population age 60 and older except that—

(1) Each State is alloted at least one-half of one percent;

(2) Guam, the Virgin Islands, and the Trust Territory of the Pacific Islands are each alloted at least one-fourth one percent;

(3) American Samoa and the Northern Mariana Islands are each alloted at least one-sixteenth of one percent; and

(4) No State is alloted less than the State received for The Federal Fiscal Year 1978.

(d) *Amounts alloted for State administration.* From the sums appropriated each Federal fiscal year for State agency administration, each State is alloted an amount based on the ratio of its population age 60 or over to the national population age 60 and older, except that—

(1) Each State is alloted at least one-half of one percent of the sum appropriated, or $300,000, whichever is greater;

(2) Guam, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands and the Northern Mariana Islands are each alloted at least one-fourth of one percent or $75,000, whichever is greater.

(3) No State is alloted less than the State received for the Federal Fiscal Year 1975.

(e) *Grants.* The Commissioner awards grants to States from their allotments.

(f) *Limitation on use.* Except as provided in §§ 1321.191, 1321.195, and 1321.197, a State must use each allotment for the purpose for which it was made.

(g) *Limitation on meaning of "State".* For the purpose of paragraphs (c)(1) and (d)(1) of this section, "State" does not mean Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands and the Trust Territory of the Pacific Islands.

## Service Funding Requirements

### § 1321.183 Area agency allotments.

Except as provided in §§ 1321.59, 1321.189, and 1321.195, a State agency

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must reallot its entire social and nutrition services allotments to area agencies under approved area plans. The area agency must use each allotment for the purpose for which it was made.

### § 1321.185 Expenditures in rural areas.

(a) *General rule.* The State agency must spend under this part in each fiscal year for services to older persons in rural areas at least 105 percent of the amount spent under Titles III, V and VII of the Act in rural areas during the Federal Fiscal Year 1978 for social and nutrition services and multipurpose senior centers.

(b) *Definition of rural area.* For purposes of this section, "rural area" means any area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the Department of Commerce. In planning and service areas which are not entirely metropolitan or nonmetropolitan under the SMSA definition, the State agency, for purposes of paragraph (a) of this section, must separately account for expenditures in the SMSA and non-SMSA areas.

### § 1321.187 Fifty percent priority service requirement.

(a) *General rule.* An area agency must spend at least 50 percent of its social services allotment, excluding amounts used for administration under § 1321.193(c), for the following categories of services, with at least some funds spent in each category—

(1) Services associated with access to other services. These services are transportation, outreach, and information and referral;

(2) In-home services. These services are homemaker and home health aide, visiting and telephone reassurance, and chore maintenance; and

(3) Legal services.

(b) *Waiver.* The State agency, in approving the area plan or a plan amendment, may waive the requirement of paragraph (a) of this section for any category of service for which the area agency demonstrates to the State agency that the services provided from other sources meet the needs of older persons in the planning and service area for that category of service. The State agency must develop and apply criteria that an area agency must satisfy in order to obtain a waiver.

(c) *Revised priority expenditures.* If the area agency receives a waiver for any category of service, it must continue to spend for the remaining categories of services the percentage of the area agency's social service funds agreed on by the State and area agency.

### § 1321.189 Long-term care ombudsman program.

(a) The State agency must use annually at least one percent of the State's allotment for social services, or $20,000, whichever is greater, to operate the long-term care ombudsman program required under § 1321.43.

(b) The requirement of paragraph (a) of this section does not apply in any fiscal year in which the State spends for the ombudsman program from State or local funds an amount equal to the amount required in paragraph (a) of this section.

(c) American Samoa, Guam, the Virgin Islands, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands are not subject to the requirement of paragraph (a) of this section.

### § 1321.191 Transfer between congregate and home-delivered nutrition services funds under the State plan.

(a) A State agency may, without the approval of the Commissioner, transfer from one allotment to the other 15 percent or less of the State's separate allotments for congregate and home delivered nutrition services.

(b) A State agency may apply to the Commissioner to transfer from one allotment to the other a portion exceeding 15 percent of the State's separate allotments for congregate and home-delivered nutrition services. The State agency must—

(1) Specify the percent and the projected amount which the State agency proposes to transfer from one allotment to the other; and

(2) Specify whether the proposed transfer is for the entire period of the State plan or a portion of the three year period.

(c) The Commissioner approves the State agency's request by approving the State plan or plan amendment. The Commissioner does not deny the transfer unless the Commissioner decides that the transfer is not consistent with the purposes of the Act.

### § 1321.193 Allowable use of funds for State and area plan administration.

(a) *State plan administration.*

(1) Except as provided in § 1321.197(b)(3), the State agency must use its allotment for State plan administration only to carry out the State agency responsibilities specified in subparts B and D.

(2) The State agency may use any part of its State plan administration allotment which it determines is not needed for that purpose to pay part of the cost of the administration of area plans.

(3) The State agency in a State which is a single planning and service area may use either the State's allotment for State plan administration or not more than 8.5 percent of its allotments for social and nutrition services for State plan administration. The State agency may not use both allotments for this purpose.

(b) *Developing a State plan.* The Commissioner may pay a State without an approved State plan, any part of its allotment for State plan administration to develop an approvable State plan.

(c) *Area plan administration.* The State agency may not award more than 8.5 percent of the total of its combined allotments for social and nutrition services for area plan administration.

### § 1321.195 Additional funds for State plan administration.

(a) *General rule.* If the State agency needs additional funds for State plan administration, the State agency may apply to the Commissioner for permission to use not more than three-forths of one percent of the total amount allotted to it for social and nutrition services.

(b) *Application procedures.* The State agency must submit an application for additional administrative funds in accordance with procedures specified by the Commissioner. The application must demonstrate that—

(1) The State agency needs the additional amount requested to fully and effectively administer its State plan;

(2) The State agency makes full and effective use of its State administration allotment and of the personnel of the State and area agencies; and

(3) The State and area agencies are carrying out, on a full time basis, programs and activities which support the purposes of this part.

(c) *Approval.* The Commissioner approves any application that meets the requirements specified in paragraph (b) of this section.

(d) *Restriction on employee salaries.* A State agency must assure that no funds approved under paragraph (c) of this section will be used to fund a vacancy created by terminating an employee funded from other sources.

### § 1321.197 Obligation and reallotment.

(a) *General rule.* Except as provided in paragraph (b) of this section, the State agency must obligate any funds received under this part during the fiscal year in which they are allotted.

(b) *Reallotment.*

(1) If the Commissioner decides that a State will not use an amount allotted under this part for the purpose for which the allotment was made, the

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Commissioner reallots the unused funds to one or more other States according to their needs. The State agency receiving these reallotted funds must obligate them by the end of the fiscal year following the one in which they are reallotted.

(2) If an Indian tribal organization in a State receives a grant under Title VI of the Act, the Commissioner withholds a portion of the State's allotments for administration, social, and nutrition services. The amount the Commissioner withholds is based on the number of older Indians who are counted both for purposes of the State's allotment under this part and the grant under Title VI. The Commissioner reallots the withheld amount in accordance with paragraph (b)(1) of this section.

(3) If the Commissioner decides that a State does not need for State plan administration any portion of the State's allotment for State plan administration the State agency may use the amount for social or nutrition services.

### § 1321.199 Federal financial participation.

(a) *State plan administration.* A State agency may use its allotment for State plan administration to pay not more than 75 percent of the costs of administering the State plan.

(b) *Area plan administration.* A State agency may use not more than 8.5 percent of the total of its combined allotments for social and nutrition services to pay not more than 75 percent of the costs of administering area plans.

(c) *Social and nutrition services.*

(1) In Fiscal Years 1979 and 1980, a State agency may use its allotments for social and nutrition services to pay not more than 90 percent of the costs of these activities.

(2) Beginning in Federal Fiscal Year 1981, a State agency may use its allotments for social and nutrition services to pay not more than 85 percent of the costs of these activities.

### § 1321.201 Non-Federal share requirements.

The non-Federal share may be met either by allowable cost or third-party in-kind contributions, except as provided § 1321.203.

### § 1321.203 Source of non-Federal share.

(a) At least 25 percent of the non-Federal share in each Federal fiscal year must be in the form of allowable costs of the State or local public agencies, or in the form of third-party in-kind contributions from local public agencies.

(b) The 5 percent increased non-Federal share required under § 1321.199(c) must be in the form of allowable costs of the State.

### § 1321.205 State agency maintenance of effort.

Each fiscal year the State agency must spend under the State plan for both services and administration at least the same amount of State funds it spent under the plan in the previous fiscal year to meet the required non-Federal share applicable to its allotments under this part. If the State agency spends less than this amount, the Commissioner reduces the State's allotments for social and nutrition services under this part by a percentage equal to the percentage by which the State reduced its expenditures.

### § 1321.207 Restriction on delegation of authority to other agencies.

The State or area agency may not delegate to another agency the authority to award or administer funds under this part.

## Federal Reviews and Audits in General

### § 1321.213 Federal reviews and audits.

A Federal review or audit is performed to determine if a State plan is still approvable, and if the State agency operations and expenditures are proper under Federal requirements, and the approved State plan. A review or audit may cover any aspect of the Title III program and may be performed by HEW, the General Accounting Office, or by another authorized agency.

### § 1321.215 Types and effects of reviews and audits.

(a) *Types.* The types of Federal reviews and audits most often conducted are—

(1) Program and financial reviews described in § 1321.217; and

(2) HEW Audit Agency audits, described in § 1321.221 and § 1321.223.

(b) *Effects.* Any review or audit may lead to a disallowance, formal compliance action, recommendations on how a State agency may improve the administration of its program, or offers of technical assistance.

## Program and Financial Reviews

### § 1321.217 Program and financial reviews.

(a) *Responsibility for review.* The Administration on Aging conducts program and financial reviews when it considers them appropriate.

(b) *Review findings.* The Administration on Aging makes all review findings available in writing to the State agency so that it can correct any unacceptable policy or practice within a reasonable time. If a review results in a disallowance of a cost, the Commissioner will reduce the State's allotment by the amount disallowed.

### § 1321.219 Issues of compliance after review.

(a) *Resolution of compliance issue.* A compliance issue may arise if the State fails to substantially carry out what is required by Federal requirements, pertinent court decisions and the approved State plan. A compliance issue arises if a previously approved plan provision no longer meets Federal requirements or was approved in error. If the Commissioner believes there is a compliance issue, the Commissioner tries to obtain needed changes in the agency's operating practice or the State plan through negotiation with the State.

(b) *When Issues are not resolved.* If the State agency does not make the changes necessary to bring about compliance, the Commissioner notifies the agency in writing that there is an issue of compliance and advises it of its opportunity for a hearing under Subpart J.

## HEW Audit Agency Reviews and Audits

### § 1321.221 Audit Agency reports.

After an audit or review, the Audit Agency releases its final report. The report contains the Audit Agency's findings and recommendations on the practices reviewed and the allowability of expenditures audited.

### § 1321.223 Action after Audit Agency reports.

If the Audit Agency questions an expenditure, the Commissioner may disallow the expenditure and reduce the State's allotment by the amount disallowed. If the Audit Agency finds a compliance issue, the Commissioner, after discussions with the State agency, decides whether to take compliance action and notifies the State agency accordingly.

## Subpart J—Hearings procedures For State Agencies

## General Provisions

### § 1321.231 Scope.

(a) *General procedures.* Hearing procedures described in this subpart apply to notice and opportunity for a hearing on:

(1) Disapproval of a State plan or amendment;

(2) Determination that a State agency does not meet the requirements of this part;

(3) Determination that there is a failure in the provisions or the administration of an approved plan to substantially comply with Federal requirements.

(b) *Negotiations.* Nothing in this subpart limits negotiations between the

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Department and the State. Negotiations on hearing issues are not part of the hearing and are not subject to the rules in this subpart unless there is a specific indication to the contrary. The Department may terminate hearing procedures at any point if the Department and the State negotiate a written agreement that resolves the issue(s) which prompted the hearing.

### § 1321.233 General rules.

(a) *How to get records.* Papers filed in connection with a hearing may be inspected and copied in the office of the HDS Hearing Clerk. Individuals may direct inquiries to the HDS Hearing Clerk, Department of Health, Education, and Welfare, 200 Independence Avenue SW., Washington, D.C. 20201.

(b) *How to file and serve papers.*

(1) Anyone who wishes to submit papers for the docket shall file with the HDS Hearing Clerk an original and two copies except that only originals of exhibits and testimony transcripts need be submitted.

(2) Anyone who wishes papers to be part of the record shall also serve copies on the parties by personnel delivery or by mail, and file proof of this service with the HDS Hearing Clerk. Service on a party's designated attorney is the same as service on the party.

(c) *When rules are suspended.* After notifying the parties the Commissioner or the presiding officer may modify or waive any rule in §§ 1321.233–1321.261, if the Commissioner or the presiding officer decides the action is equitable and does not unduly prejudice the rights of any party.

## Arrangements for Hearing

### § 1321.235 How to request a hearing.

(a) *General rule.* A State agency has 60 days from receipt of the Commissioner's written notice of proposed disapproval of a State plan, plan amendment, determination that a State agency does not meet the requirements of this part or intended compliance action to request a hearing. The agency shall make its request in writing to the Commissioner with a copy to the Regional Aging Program Director.

(b) *What happens if a State agency does not request a hearing.* If the State agency does not request a hearing within the time allowed by paragraph (a) of this section, the Commissioner makes a final determination and notifies the agency by letter whether AoA will withhold all further payments under the plan or only payments for those portions of the plan affected by the failure.

### § 1321.237 How request is acknowledged.

(a) *Notice of hearing.* Within 30 days of receiving a hearing request, the Commissioner notifies the State agency in writing of the date, time, and place of the hearing and of the issues to be considered. The Commissioner publishes the hearing notice in the **Federal Register.**

(b) *When hearing is held.* The date set for a hearing is 20 to 60 days from the date the agency receives the hearing notice. However, the State agency and the Commissioner may agree in writing to a different date.

### § 1321.239 What the hearing issues are.

(a) *General rule.* The issues at a hearing are those included in the notice to the State agency specified in § 1321.237.

(b) *How the Commissioner may add issues.* At least 20 days before a hearing, the Commissioner notifies the agency by letter of any additional issues to be considered. The Commissioner publishes this notice in the **Federal Register.** If the agency does not receive its notice of additional issues in the required time, any party may request that the Commissioner postpone the hearing. If a request is made, the Commissioner sets a new hearing date that is 20 to 60 days from the date the agency received the notice of additional issues.

(c) *How actions by the State may cause the Commissioner to add, modify, or remove issues.* The Commissioner may add, modify, or remove issues if the State agency:

(1) Changes its practices or organization to comply with Federal requirements and its State plan; or

(2) Conforms its plan to Federal requirements and pertinent court decisions.

(d) *What happens if State action causes the Commissioner to add, modify, or remove issues.*

(1) If the Commissioner specifies new or modified issues, the hearing proceeds on these issues.

(2)(i) If the Commissioner removes an issue, the hearing proceeds on the remaining issues. If the Commissioner removes all issues, the Commissioner terminates the hearing proceedings. The Commissioner may terminate hearing proceedings or remove issues before, during, or after the hearing.

(ii) Before removing an issue, the Commissioner notifies the parties other than the Department and the agency of the issue and the reasons for removing the issue. With 20 days of the date of this notice, the parties may submit comments in writing on the merits of the proposed removal. The Commissioner considers these comments and they become part of the record.

### § 1321.241 What the purpose of a hearing is.

The purpose of the hearing is to receive factual evidence and testimony, including expert opinion testimony, related to the issues. The presiding officer may not allow argument as evidence.

### § 1321.243 Who presides.

The presiding officer at a hearing is the Commissioner or a person the Commissioner appoints. If the Commissioner appoints a presiding officer, the Commissioner sends copies of the appointment notice to the parties.

### § 1321.245 How to be a party or an amicus curiae to a hearing.

(a) *HEW and State agency.* HEW and the State agency are parties to a hearing without having to request participation.

(b) *Other parties or amicus curiae.* An individual or group wishing to be a party or amicus curiae to a hearing may file a petition with the HDS Hearing Clerk no more than 15 days following publication of the hearing notice in the **Federal Register.** A petitioner who wishes to be a party must also provide a copy of the petition to each party of record at that time.

(c) *What must be in a petition.* A petition must state concisely:

(1) Whether the petitioner wishes to be a party or an amicus curiae;

(2) The petitioner's interest in the proceedings;

(3) Who will appear for the petitioner;

(4) The issue on which the petitioner wishes to participate; and

(5) Whether the petitioner intends to present witnesses, if the petitioner wishes to be a party.

### § 1321.247 What happens to a petition.

(a) *Petitions to be a party.*

(1) The presiding officer determines if the issues to be considered at the hearing have caused the petitioner injury and if the petitioner's interest is within the zone of interest protected by the governing Federal statute. The presiding officer permits or denies the petition accordingly and promptly sends the petitioner a written notice of the decision. If the presiding officer denies the petition, the officer states the reasons in the notice.

(2) Before making this determination, the presiding officer will allow any party to file comments on the petition to be a party. Any party who wishes to file comments must do so within 5 days of receiving the petition.

(3) If the presiding officer decides that parties by petition have common

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interest, the officer may require that they designate a single representative, or may recognize two or more of these parties to represent all of them.

(b) *Petitions to be an amicus curiae.* The presiding officer determines if the petitioner has a legitimate interest in the proceedings and may contribute materially to the proper settlement of the issues. The officer also determines if the petitioner's participation would unduly delay the proceedings. The presiding officer permits or denies the petition accordingly and promptly sends the petitioner a written notice of the decision. If the presiding officer denies the petition, the officer states the reason in this notice.

### § 1321.249 Rights of parties and amicus curiae.

(a) *What rights parties have.* A party may:

(1) Appear by counsel or other authorized representative in all hearing proceedings;

(2) Participate in any prehearing conference held by the presiding officer;

(3) Stipulate facts that, if uncontested, become part of the record;

(4) Make opening statements;

(5) Present relevant evidence;

(6) Present witnesses who must be available for cross-examination;

(7) Present oral arguments at the hearing; and

(8) Submit written briefs, proposed findings of fact, and proposed conclusions of law, after the hearing.

(b) *What rights amicus curiae have.* An amicus curiae may:

(1) Present an oral statement at the hearing at the time specified by the presiding officer;

(2) Submit a written statement of position to the presiding officer before the hearing begins; and

(3) Submit a brief or written statement at the same time the parties submit briefs.

If an amicus curiae submits a written statement or brief, the amicus shall serve a copy on each party.

## Conduct of Hearing

### § 1321.251 Authority of presiding officer.

(a) *General rule.* The presiding officer conducts a fair hearing, avoids delay, maintains order and makes a record of the proceedings. In so doing, he or she has authority that includes:

(1) Regulating the course of the hearing;

(2) Regulating the participation and conduct of parties, amici curiae, and others at the hearings;

(3) Ruling on procedural matters and, if necessary, issuing protective orders or other relief to a party against whom discovery is sought;

(4) Taking any action authorized by the rules in this subpart;

(5) Making a final decision, if the Commissioner is the presiding officer;

(6) Administering oaths and affirmations;

(7) Examining witnesses;

(8) Receiving or excluding evidence; and

(9) Ruling on or limiting evidence or discovery.

(b) *What the presiding officer may not do.* The presiding officer may not compel by subpena the production of witnesses, paper, or other evidence.

(c) *When the presiding officer's authority is limited.* If the presiding officer is not the Commissioner, the officer certifies the entire record to the Commissioner, including a recommended decision on each issue in the hearing, but may not:

(1) Make a final decision; or

(2) Recommend reduction or withholding of payments.

### § 1321.253 Discovery.

A party has the right to conduct discovery against other parties. These discovery proceedings are subject to Rules 26–37, Federal Rules of Civil Procedure. The presiding officer promptly rules on any written objection to discovery and may restrict or control discovery to prevent undue delay in the hearing. If a party fails to respond to discovery procedures, the presiding officer may issue any order and impose any sanction (other than contempt orders) authorized by Rule 37 of the Federal Rules of Civil Procedure.

### § 1321.255 How evidence is handled.

(a) *Testimony.* Witnesses, under oath or affirmation, give oral testimony at a hearing. Witnesses must be available at the hearing for cross-examination by the parties.

(b) *Rules of evidence.* Technical rules of evidence do not apply to hearings described in this subpart. The presiding officer applies any rules or principles necessary to ensure disclosure of the most credible evidence available and to subject testimony to cross-examination. Cross-examination may be on any material matter, regardless of the scope of direct examination.

### § 1321.257 What happens to unsponsored written materials.

Letters and other written material regarding matters at issue, if not submitted specifically on behalf of a party, become part of the correspondence section of the docket. This material is not part of the evidence or the record.

### § 1321.259 What the record is.

(a) *Official transcript.* HEW designates the official reporter for a hearing. The HDS Hearing Clerk has the official transcript of testimony, and any other material submitted with the official transcript. The parties and the public may obtain transcripts of testimony from the official reporter at rates that do not exceed the maximum fixed by contract between the reporter and HEW. Upon notice to the parties, the presiding officer may authorize transcript corrections.

(b) *Record.* The record for the hearing decision is the transcript of testimony, exhibits, and all other papers and requests filed in the proceedings except for the correspondence section of the docket. The record includes rulings and any recommended decision.

## After the Hearing

### § 1321.261 Posthearing briefs.

The presiding officer fixes the time for filing posthearing briefs. They may contain proposed findings of fact and conclusions of law. The presiding officer may permit filing of reply briefs.

### § 1321.263 Decisions.

(a) *If the Commissioner is presiding officer.* If the Commissioner is the presiding officer, the Commissioner issues a final decision within 60 days after the time allowed for filing posthearing or reply brief ends.

(b) *If the Commissioner appoints a presiding officer.*

(1) After the time for filing posthearings or reply briefs ends, the presiding officer certifies the entire record, including his or her recommended decision, to the Commissioner.

(2) The Commissioner provides a copy of the recommended decision to the parties and any amici curiae. Within 20 days, a party may file with the Commissioner, exceptions to the recommended decision. The party must file a supporting brief or statement with the exceptions.

(3) The Commissioner reviews the record and, within 60 days of the date of receipt of the presiding officer's recommended decision, the Commissioner issues a final decision. The Commissioner provides copies of the decision to all parties and any amici curiae.

(c) If the Commissioner decides, after a hearing, that the plan or plan amendment is not approvable, that substantial noncompliance exists, or that the State agency does not meet the requirements of this part, the final decision states whether AoA will

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withhold all further payments or only payments under portions of the plan affected by the failure. This also applies if the hearing terminates prior to completion.

### § 1321.265 When a decision is effective.

(a) The Commissioner's decision specifies the effective date for AoA's reduction and withholding of the State's grant. This effective date may not be earlier than the date of the Commissioner's decision or later than the first day of the next calendar quarter.

(b) The decision remains in effect unless reversed or stayed on judicial appeal, or until the agency or the plan are changed to meet all Federal requirements, except that the Commissioner may modify or set aside his or her decision before the record of the proceedings under this subpart is filed in court.

### § 1321.267 How the State may appeal.

A State may appeal to the U.S. Court of Appeals which has jurisdiction in the State, the final decision of the Commissioner disapproving the State plan or plan amendment, finding noncompliance, or finding that a State agency does not meet the requirements of this part. The State must file the appeal within 30 days of the Commissioner's final decision.

### § 1321.269 How the Commissioner may reallot the State's withheld payments.

The Commissioner disburses funds withheld from the State directly to any public or nonprofit private organization or agency, or political subdivision of the State, that has the authority and capacity to carry out the functions of the State agency and submits a State plan which meets the requirements of this part and which contains an agreement to meet the non-federal share requirements of § 1321.199.

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# CHAPTER II

## CHAPTER II
# MEETING THE NEEDS OF OLDER ADULTS

I. STEREOTYPES

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CHAPTER II

# MEETING THE NEEDS OF OLDER ADULTS

Managers of nutrition services have a unique opportunity to meet social and nutrition needs of older persons. Needs seem almost endless, but not beyond the creative resources of nutrition service providers who are sensitive to and understand the needs and concerns of participants. This chapter discusses stereotypes; physical, psychological, and social age-related changes; the special needs of minority and isolated individuals; and nutritional needs.

## I. STEREOTYPES

Although knowledge about aging has expanded greatly in recent years, myths and stereotypes about older people are still widespread in this country. For example:

- Old people have lower intelligence and cannot learn.
- Older people are usually ignored or neglected by their families.
- Confusion, forgetfulness, and depression are a necessary part of growing old.
- Older people cannot change, except for the worse.
- The average older person has lost the desire and capacity for sexual expression.
- Memory loss in an old person is a sign of senility.
- Personality changes with age.

These are not true, but some staff may relate to older people on the basis of misinformation. Misconceptions must be replaced with accurate information about the aging process--biological, psychological, and social.

Even older persons themselves lack facts and often accept these myths as true. Some may feel they have nothing to contribute, or that they can no longer learn, because they are "old." Some become very anxious when they forget something because that seems to be a sign of senility that will get worse. Some may be upset by displays of affection among their peers, feeling "they are too old for that," and others think they are abnormal because they still have sexual drives. When older people themselves believe these myths, and act accordingly, the result is a self-fulfilling prophecy.

Myths and ignorance about ethnic and social differences can be equally damaging and result in prejudice and inappropriate services.

Strategies:

- Educate staff about the aging process and its impact.
- Help staff to become aware of the ethnic and racial heritage and customs of participants.
- Design programs to meet special needs.
- Correct staff whose actions seem to be based on stereotypes.
- Provide continued reinforcement to staff.

# II. THE AGING PROCESS

From birth to death the aging process involves changes in the total person. Although the physical, psychological, and social changes are discussed separately in this chapter, they all interact and influence one another. While these changes are characteristic of most older people, they may not be true for specific individuals.

## A. PHYSICAL CHANGES

There are no conclusive explanations, but there are several theories about the aging process. Aging proceeds at different rates in different people, and at different rates in various parts of the body in the same person. In other words, someone might have a healthy heart but a weak digestive system, or good eyesight and hearing but poor balance. In general, the body of an older person does not function as well as it did, but barring disease and very stressful situations, it usually continues to function adequately into old age.

### 1. Sensory Changes

Vision. Age usually means decreases in visual sharpness, slower accommodation of the eyes at different distances, and loss of peripheral vision. The older person requires more time to adjust to different light levels and needs more light to see well. At fifty, one needs twice as much light as at twenty; at sixty, three times more light.

The lens of the eye tends to yellow with age. This makes it more difficult for an older person to discern certain color intensities, especially the cool colors (blue, green, violet). The warm colors (yellow, orange, and red) are usually more easily seen by the aged eye.

Strategies:

- Make changes, if necessary, at the site: increase light levels, eliminate glare, use warm colors in decorating materials and signs, reduce differences in light levels between rooms and halls.
- Use printed materials with large print and good contrast between the background and lettering.
- Do not interpret an older person's inability to identify colors as a sign of confusion.
- Plan some individual and group activities that do not require sight for participation.
- Use touch and verbal explanations to compensate for lack of sight. The spoken word and music can be enjoyed.
- Educate site staff, volunteers, and participants to help a vision-impaired person preserve dignity and independence.
- Use special equipment and educational materials that are available from local, state, and national resources. (A state agency for the blind is a good place to start.)

Hearing. Hearing gradually diminishes, particularly the ability to hear high pitched sounds (presbycusis). Consonants (such as th, s, sh, f, p, and c) become more difficult to hear, while the vowel sounds (a, e, i, o, u) are more easily heard. A person with presbycusis hears speech, but has difficulty discriminating between words. For example, "fifty" and "fifteen" cents may sound the same; "dead" may sound like "red," "tooth" like "juice," or "pill" like "fill."

Even a slight hearing loss can limit communication and social interaction. Unlike poor vision, hearing loss rarely inspires sympathetic understanding; people are likely to isolate a person with whom they cannot communicate easily. A hearing loss can lead to depression, anxiety, and paranoia.

Strategies:

- Help staff, volunteers, and participants to identify those who have a hearing loss and to recognize that "dull ears don't mean a dull mind." An older hard-of-hearing person who seems confused or gives inappropriate responses is not "senile."
- Provide education about hearing impairment and about how to communicate with the hearing-impaired.
- Offer classes in lip reading and sign language for all participants. Classes provide a place for discussion in a non-threatening environment.
- Use deaf staff and volunteers. An interpreter using sign language might permit a deaf person to socialize.

Taste and Smell. "The food tastes sour" or "food doesn't taste like it used to" are common complaints. Taste sensitivity decreases with age; most people over the age of sixty-five have lost fifty percent of their taste buds. By the late seventies, the average person has one-sixth the taste buds of a twenty year old. The taste receptors that identify sweet and salty stop functioning first, while those that sense bitter and sour tend to function into old age. These changes can affect appetite, causing poor nutritional intake and weight loss.

Loss of the ability to smell occurs with age. Because two-thirds of taste sensations depend on the ability to smell, decline in the sensory system can further depress an older person's appetite. In addition, an individual may not be able to detect warning odors --smoke, gas, and spoiled foods--or body or household odors that may be offensive to others.

Strategies:

- Make food attractive to the senses with spices, textures, colors, and temperature.
- Develop fire safety measures for those with decreased sight, hearing, or smell losses.

Touch. Older people may have difficulty sensing pressure or pain. Serious injuries can go unnoticed and untreated, and illness can be undetected.

Strategies:

- Recognize that an older person might not respond to touch.
- Educate staff to be aware of changes in the normal health of participants, particularly the homebound. (Observations should be included in the reporting system.)

Sensitivity to Heat and Cold. Subcutaneous fat (fat beneath the skin), an important insulator, decreases with age. As fat is lost, body heat escapes. As a result, older people often feel cold when others are comfortable. In winter some older people may be victims of hypothermia, a drop in internal body temperature that can be fatal if not treated promptly.

Because of changes in the capacity to perspire, older people are more susceptible to a buildup of body heat that can cause heat stroke or heat exhaustion. Heat exhaustion can also occur in an overheated room.

Strategies:

- Keep the site temperature at a minimum of 65°F during cold months.
- Encourage participants to dress warmly, eat enough food, and stay active to maintain body heat.
- Keep the site from becoming too hot during summer months.
- Encourage older adults who are always cold to dress warmly and have a physical examination.
- Educate staff and volunteers about hypothermia, heat stroke, and heat exhaustion (symptoms and staff procedures).

## 2. Mobility

Changes in joints and decreased bone and muscle mass can result in falls and fractures, muscle weakness, misshapen joints, pain, and stiffness. Age can also bring a decline in cardiac output, lung volume and breathing capacity, so that some older people will tire easily and have limited endurance.

Strategies:

- Recognize differences in the energy and endurance levels of participants, older staff, and volunteers.

- Design regular physical exercise programs to include those with limited mobility.
- Consider stair design, safety features, and wheelchair access in site selection.
- Provide wide aisles and ample space between tables to accommodate canes, crutches, walkers, and wheelchairs.
- Make restrooms accessible to handicapped.
- Use safe, sturdy chairs.
- Give the older person with limited mobility enough time to complete tasks.
- Educate staff to adjust their pace to that of older people. This requires patience and understanding.

## 3. Digestion

Digestion slows down and becomes less efficient; reduced production of secretions that aid digestion—hydrochloric acid and bile--may account for statements such as, "I don't digest foods as well as I used to." Problems with gas and constipation may be due to increased activity of the stomach and decreased movement of the intestines, a common condition in the aged. The digestive system is also very sensitive to emotional states; the older person who is depressed or anxious may experience digestive disturbances.

Strategies:

- Sensitize staff to dietary needs.
- Be aware of eating patterns. A change may indicate a physical or emotional problem.
- Plan nutrition education programs that focus on the body's reaction to certain foods and to emotional stress.

## 4. Elimination

Changes in the urinary system can result in more frequent and urgent urination by older people; bladder capacity may be reduced by half. The signal to void, normally activated when the bladder is half-full, may be delayed in older adults until the bladder is nearly filled resulting in greater urgency. Under normal circumstances a person passes urine every four to six hours but frequency can increase to every hour or two. These changes can be annoying and embarrassing.

Urinary incontinence, the involuntary passing of urine, is a problem for some older people. Even partial urinary incontinence can cause depression, insecurity, and withdrawal from social activities.

Constipation is common among older adults, and diet, lack of exercise, and the excessive use of laxatives contribute to it.

Strategies:

- Consider the number of restrooms and their distance and access when selecting sites.
- Sensitize staff to the emotional and social implications of elimination difficulties, including the possibility of colostomies.
- Provide frequent restroom breaks during trips and programs.
- Plan educational programs about constipation and the impact of laxatives, diet, and exercise.

### 5. Sexuality

Although sexual capacities and functions decline with age, sexual needs, interest, and activity continue throughout life, even into the nineties. For many people sexual activity fulfills a need for physical and emotional intimacy.

Factors that limit sexual expression in later years are poor health and the lack of an available partner. Even when sexual intercourse is no longer desired or possible, the need for intimacy, touch, and sexual identity continues to be important. Some staff, and even participants will view affectionate displays as unnatural and immoral.

Strategies:

- Provide education about sexuality in later life.
- Encourage staff to accept appropriate displays of affection among participants.

## B. PSYCHOLOGICAL AND SOCIAL CHANGES

Older people face many changes. Retirement can provide an opportunity to pursue personal interests, but it also can mean a loss of a significant life role.

Losses increase with age: retirement can bring a fifty percent decrease in income; spouses and friends die; declining health and mobility cause changes in living arrangements. A person's identity and self-esteem are threatened by these changes.

Adjustment is not easy at any age, but is more difficult in later years. Older people often have to deal with several changes at once. Support systems are fewer than earlier, and lost income, roles, capacities, relationships, and activities are often not replaceable.

Altered appearance, declining health and loss of social roles demand many adjustments. Many older persons adjust well and maintain a positive self-image, but others have difficulties. Some people deny changes and make the same demands on themselves as they did when younger; others try to resist or prevent change by heavy use of cosmetics, or using "miracle" drugs. Others may impose an unnecessarily restrictive lifestyle on themselves.

Many older people fear dependency—whether physical, financial, emotional, mental, or social. Throughout their lives great value has been put on independence and "doing for oneself," so it is difficult for many to seek or accept assistance. Even when needs are overwhelming, many regard help as charity.

Strategies:

- Discuss with staff the changes in later life, their effect on self-concept, and the implications of these changes for working with participants.
- Utilize those who have dealt effectively with changes to help other participants. This may enhance their own self-esteem and counteract feelings of uselessness.
- Provide support to recent retirees and help them identify meaningful roles and new sources of satisfaction at the nutrition site and in the community.
- Develop social and educational activities that are meaningful.
- Offer educational programs on available services for older persons. Some may need assistance to make application.
- Share information about community services with staff.
- Help staff develop skills to provide assistance and positive reinforcement to enhance the independence, self-respect, and dignity of participants. Staff must not convey an attitude of helping "those old people."

## 1. Cognitive Changes

Intelligence, memory, and learning ability do not decline with age; limitations are more related to health than to age. An individual's abilities, therefore, should not be underestimated simply because of age.

Older people do require more time to learn, to shift thinking from one topic to another, and to complete a task. Several factors affect performance: relevance of the task, motivation, health, and sensory capacities.

Reaction time and speed are likely to decline. Without the pressure of time, however, older people perform as well as young people.

Most older persons do not have serious memory impairment, but memory does seem to alter with age. Memory of the past is usually better than of current information. For those older persons who do suffer memory loss, training can help minimize it.

Strategies:

- Use more than one sensory system in teaching older people.
- Provide frequent and longer rest breaks to avoid fatigue.
- Eliminate speed and competition from learning situations.
- Be willing to repeat instructions and information.
- Allow enough time for individuals to complete tasks.
- Encourage staff to be patient and to adapt their pace to those with whom they work.
- Teach staff to be aware of treatable conditions: poor nutrition, drug overdose or interaction, head trauma, illness, or depression.

## 2. Death and Dying

Many older people need to work through grief, discuss their own death, and express their fears. Often what is perceived as a fear of dying is actually a fear of loneliness or loss of control and independence. No single attitude toward death is characteristic of the aged; life experiences, education, and ethnic and socioeconomic backgrounds influence attitudes. Death may be viewed as:

- a continuation of life, a "stepping stone" to another life
- complete cessation of life
- release from problems and pain
- reunion with dead relatives and friends
- punishment for misdeeds
- a reward for a life well-lived.

Strategies:

- Explore staff feelings, attitudes, beliefs, and personal reactions to death and bereavement. Staff members may have anxiety due to unresolved personal losses of their own. Recognizing these anxieties will help them relate more effectively to the bereaved or dying.
- Discuss with staff approaches to practical questions that may be encountered at the site:

  -Should staff attend the funeral of participants who die?

  -Will the deaths of participants be acknowledged? If so, how? Will memorial services be held?

  -What happens if a participant dies at the site?
- Participants and staff members who require assistance concerning death and dying should be referred to qualified, trained resources.

A good resource book is Death and Dying by Elizabeth Kubler-Ross.

## 3. Mental Health

Most older people are mentally healthy, but certain groups are at high risk for mental health problems. These include the recently bereaved, the isolated, and the physically and mentally frail older adults.

Mental health is affected by physical conditions: poor nutrition, an overdose or interaction of medications, sensory deficiencies, and multiple social losses. Staff should be alert to signs of depression, hypochondriasis, and paranoia and at no time should the signs be interpreted as "normal" for older people.

Depression. Depression is commonly triggered by loss and is a common mental health problem. Symptoms vary but the most common are: insomnia, loss of appetite and weight, decreased sex drive, constipation, lack of motivation, lack of concentration, loss of memory, feelings of hopelessness, and general dissatisfaction. It has been found that ten to twenty percent of older people who appear "senile" are actually depressed. The opportunity to talk with someone who is interested and willing to listen is often the most helpful therapy.

Severe depression can be accompanied by suicidal impulses, which may range from a passive wish to die to an active suicide plan. A suicide threat by older people should be taken seriously. Unlike younger people, who are likely to use suicide simply as a threat, older adults usually intend to die and succeed at taking their lives.

Some indicators of a wish to die include: misuse of medication, starvation, ignoring dietary restrictions, and engaging in health threatening activities. The potential suicide victim often needs the opportunity to talk or to be involved in activities that are satisfying and give a feeling of usefulness. For the person who feels that life is meaningless, reminiscing about past accomplishments often helps to give meaning to the present.

Paranoia. Paranoia is indicated when an individual attributes to others imaginary motivations and behavior. Paranoia is most common in those who have hearing and/or vision loss. These sensory changes also cause the environment to be misperceived. Organic brain damage can also result in paranoia. Paranoia in older people is often treatable, and understanding the causes is essential. Treatment includes correcting sensory defects and providing a stable, familiar environment. Tranquilizers can be useful.

Hypochondria. Hypochondria is manifested by an excessive preoccupation with bodily functions and health and is often associated with depression. For some it may be a way to gain attention or to control others. Older people who lack interests to share with others are particularly susceptible. Telling the hypochondriac that nothing is wrong is usually futile; providing alternative interests is more effective.

Strategies:

- Alert staff to the signs of mental health problems.
- Develop staff skills to respond to those who are depressed, suicidal, paranoid, or hypochondriacal.
- Provide staff with information about available community resources and professional help and how to use them.

# III. SPECIAL NEEDS

A challenging task is to work with older persons whose economic, ethnic, or racial backgrounds are different from that of staff or other participants. Special efforts often are required to integrate these people into activities and not segregate them.

## A. NEEDS OF MINORITIES

Old age--a difficult time for many people--can be especially so for blacks and members of other racial and ethnic minority groups. Compared to the majority of Americans, these individuals are likely to have less education and money, less than adequate housing, poorer health, and fewer years of life.

The special needs of aging minority persons have been described in a publication by the National Institute on Aging. "Many minority groups--especially black, Hispanic, Asian and Native Americans--bear the added burdens of racial prejudice, language barriers, suspicion of bureaucratic processes, and difficulty obtaining needed health and other services.

"In addition, minority group members who have suffered racial discrimination all their lives are, in their later years, in double jeopardy because they may also be discriminated against for being old.

" The number of individuals with ethnic affiliations is greater than the word "minority" might imply. According to a study of the ethnic elderly supported by the National Institute on Aging (NIA), almost 40 percent of the entire U.S. population over age 65 in the 1980's will be black or first and second generation Americans belonging to various racial/ethnic subgroups.

"Ethnic and racial affiliations are important in determining not only individual attitudes, problems and needs, but the considerable strengths many minority members exhibit in adapting to old age. Yet society at large and the research community in particular seldom take these differences into account.

"Among older blacks, for example, hypertension is twice as prevalent as among whites, and accidents are the leading cause of death for older Alaskan Natives and American Indians. The leading causes of death for Hispanics are not even known, because those statistics are just beginning to be collected.

"The little that is known about minority members does not support some common stereotypes. Blacks have long been believed to die sooner than whites and, indeed, a black American male can expect at birth, to live to age 60, and a black women to age 68.3. White men and women, by contrast, can expect to live 7 to 8 years longer. But after about age 75, blacks who survive apparently begin to experience longer life expectancies than whites, in what is known as the 'crossover phenomenon'.

"Such diverse populations as Samoans, Chinese, Filipinos, Koreans, Hawaiians, Japanese and Vietnamese are lumped together as Asian and Pacific Americans. Yet lifestyles, attitudes and other differences exist among these populations. For example, food preferences and tastes vary among these groups and, in turn, have a great impact on the effectiveness of nutrition programs."[1]

Directors and site staff need some basic knowledge and understanding of the characteristics and the special needs of the minority older persons in their own sites. Family practices, economic status, religious values, and dietary preferences all will play a part in designing activities and services to meet their needs. Language and communication may be a major problem which must be solved.

Some people are hesitant to participate in government - sponsored programs. Staff will need to be warm, sincerely interested, and patient in performing outreach and in encouraging participation at the site.

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[1] National Institute on Aging, "Minorities and How They Grow Old," The Age Page (Bethesda, MD, NIA, 1980).

The choice of words staff use is important. For example, is it appropriate to say "Negro" or "black," "Mexicano," "Chicano," or "Spanish-American"? Are first names or surnames appropriate? If unsure, staff should discretely ask participants which they prefer.

Differences will exist within each minority group. Beliefs and practices will differ vastly among Native American tribes and Hispanics from different areas. Seeking assistance from members of the minority groups in the sites will be crucial for successful program planning and staff training.

Strategies:

- Involve minority representatives on provider and site advisory councils.
- Translate brochures, forms, signs, etc., into the language in use.
- Seek creative methods to inform and talk about available services.
- Support neigborhood ethnic organizations and coordinate services with them.
- Locate sites in minority neighborhoods.
- Involve minority group members in planning site menus and activities.
- Recruit staff from minority groups. Bilingual staff is essential at sites where language is a barrier.
- Dispel myths that staff holds about minority groups.
- Sensitize staff to the characteristics, values, cultural backgrounds, customs, and language of minority groups at the site.
- Increase staff awareness of differing lifestyles, behavior, dress, and salutations.
- Include ethnic food preferences in planning meals.
- Observe special ethnic and religious holidays.
- Seek ways to insure harmony among staff and all participants.

## B. ISOLATED OLDER PEOPLE

Age-related changes and a long life can increase isolation. Interaction with others decreases as deaths occur and as a person's health limits mobility. Inability to drive; lack of, or inaccessibility of, public transportation; fear of crimes; or living in a rural area can isolate a person. Although some people choose to be less involved with others, it is important for nutrition services staff to reach out to give those who have had isolation imposed on them the opportunity to participate.

Strategies:

- Educate all staff about ways to reach out to isolated people and to integrate them into the site.

- Perform extensive outreach to include isolated persons.
- Teach staff how to create a welcoming and comfortable social atmosphere.
- Provide a supportive environment that takes into account the different needs of each older person to socialize.
- Develop a "buddy" system to facilitate the integration of new participants into the site.

## IV. NUTRITIONAL NEEDS

While good nutrition practices are an important ingredient of good health at any age, they are especially important as people grow older. Older people have slightly different nutritional needs and are likely to have certain nutritional deficiencies, and food intake is likely to have an even greater impact on health. Thus, it is important to understand older people's nutritional needs and to plan to meet them.

The nutritional needs of older people are similar to those of younger adults. Older people have similar needs for protein, vitamins, and minerals. As with other adults, a well-balanced diet for older people will include foods from the major food groups: fruits; vegetables; cereals, breads, and grains; meats, poultry, eggs, and fish; milk, cheese and yogurt; and legumes (potatoes, dry peas, and beans).[2] (See Appendix II-C.) Key nutrients and their food sources are displayed in Appendix II-D. However, older people also have different nutritional needs. For example, they need fewer calories than young adults because of the slower use of food by the body and a general decline in physical activity. As a result, many older persons who consume high caloric sweets, snack foods and drinks and who get little or no exercise are apt to become obese. In fact, obesity among those persons over fifty-five is a serious health problem often complicated by diabetes, hypertension, and cardiovascular disease. In addition, nutritrion surveys indicate that older people are likely to be deficient in protein, thiamine, riboflavin, vitamin C and A, calcium, and iron.

This need for fewer calories, coupled with the need for similar nutritional elements, increases the need for "high-quality" calories. And for low-income or socially isolated persons, who may be especially apathetic about eating or unable to obtain the right food, the body's stores of vitamins and minerals are soon depleted. Meeting the body's need for fewer calories without decreasing vitamin intake is a nutritional dilemma that must be recognized and satisfactorily met by providers, educators, and nutritionists.

### A. PHYSIOLOGICAL FACTORS

As discussed earlier, older persons are likely to experience a great many physical changes. These changes, or situations occurring as a result of these changes, can greatly affect eating habits. Factors include poorly fitting dentures or other dental problems, decreased sensitivity of taste and smell, swallowing difficulties, decreased digestive functions, decreased energy to shop for and prepare foods, inability to see to shop and cook, and decreased appetite due to medication.

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[2] United States Department of Agriculture and United States Department of Health and Human Services, Nutrition and Your Health (Washington, D.C., USDA, Home and Garden Bulletin No. 232, 1981).

Older people need assistance to eliminate those factors that can be changed and to cope with those that cannot.

## B. NON-PHYSIOLOGICAL FACTORS

In addition to physiological factors, a variety of other factors affect eating habits. These include limited financial resources, lack of incentive to prepare meals (especially for those living alone), lack of transportation to shop for food, misleading advertisements, difficulty in preparing meals for only one or two people, and earlier established dietary patterns.

It is important to recognize that historically food is a primary tie to traditions and culture. Many older persons relish favorite dishes associated with holidays and cultural and religious events. Ethnic backgrounds affect the meaning of food to people and what they are willing to eat. Understanding the culture and food preferences of participants, therefore, is crucial to a successful nutrition service. Many helpful suggestions for incorporating ethnic foods into menus are contained in Understanding Food Patterns in the U.S.A., published by the American Dietetic Association.

## C. HEALTH PROBLEMS AND FOOD

Health survey data show that eighty percent of older people suffer from at least one chronic disease, such as hypertension, malabsorption, nutritional anemia, obesity, alcoholism, arteriosclerosis, diabetes, and gastrointestinal problems. Accordingly, the high prevalence of ill health among older people increases the need to provide special or modified meals for participants. (A bibliography listing some of the studies on nutrition and older persons is included in Appendix II-E.) Research has also found relationships between certain foods and health problems, particularly sodium and hypertension; excess calories and obesity; and cholesterol as well as saturated and unsaturated fats and arteriosclerotic diseases. Thus, the need is great for special diets, such as low carbohydrate, low caloric, low fat, and low sodium diets. These special diets, with the help of a qualfied nutritionist or dietitian, can be incorporated into the general menu plan so that participants on such regimens do not feel deprived or different. Strategies for doing this are discussed in Chapter IV.

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## CHAPTER II
# APPENDICES

II-A. REFERENCES

II-B. FILMS

II-C. NUTRITION AND YOUR HEALTH

II-D. KEY NUTRIENTS

II-E. NUTRITION AND AGING BIBLIOGRAPHY

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# APPENDIX II-B

## FILMS

About Aging: A Catalog of Films

Publication Office
Andrus Gerontology Center
U. of Southern California
3715 McClintock Avenue
Los Angeles, CA 90007

Aging and Sexuality

Gerontology Program
U. of Nebraska
P. O. Box 688
Omaha, NB 68101

Alabama Home Economics Association Report: Selected Bibliography on Aging Sources: Visuals and Printed Materials

Cooperative Extension
Auburn University, AL 36840

Maggie Kuhn: Wrinkled Radical

Indiana University
Audio Visual Center
Bloomington, IN 47401

Old Myths, New Realities

Audio Visual Services
Penn State University
University Park, PA 16802

Positive Living in the Senior Years

Visual Communications
412 S. Roberts Hall
Cornell University
Ithaca, NY 14853

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# APPENDIX II-C

# NUTRITION AND YOUR HEALTH

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## APPENDIX II-D

## KEY NUTRIENTS

This chart summarizes the key nutrients, some reasons why each is needed, and foods that are good sources of each nutrient. It will help you understand why you should eat a wide variety of food to be well-nourished and healthy.

| Nutrient | Why Needed | Some Important Sources |
|---|---|---|
| WATER | 1. Important part of all cells and fluids in body<br>2. Carrier of nutrients to and waste from cells in the body.<br>3. Aids in digestion and absorption of food.<br>4. Helps to regulate body temperature. | Water, beverages, soups, fruits and vegetables. Most foods contain some water. |
| CARBOHYDRATES | 1. Supply food energy, especially to the muscles and brain.<br>2. Help body use fat efficiently.<br>3. Spare protein for purposes of body building and repair. | Starches: Breads, cereals, corn, grits, potatoes, rice, pasta and noodles. Sugars: Honey, molasses, syrups, sugar, and other sweets. |
| FATS | 1. Supply food energy in compact form (weight for weight supplies more than twice as much energy as carbohydrates and proteins).<br>2. Some supply essential fatty acids.<br>3. Helps body use certain other nutrients. | Cooking fats and oils, butter, margarine, salad dressings and oils, lard. Other foods high in fat include bacon fat, fat back, bacon, cream and some gravies. *Cholesterol is a form of fat found in certain animal foods like eggs, liver, kidney, and shellfish. |
| PROTEIN | 1. Builds and maintains all tissues.<br>2. Forms an important part of enzymes, hormones, and body fluids.<br>3. Helps form antibodies to fight infection.<br>4. Supplies energy. | Proteins of top quality for tissue building and repair are found in lean meat, poultry, fish, seafoods, eggs, milk, and cheese. Next best for proteins are dry beans, peas, and nuts. Cereals and bread can provide supplementary protein. |

Adapted from Federal Extension Service, U.S. Dept. of Agriculture, PA-691

| Nutrient | Why Needed | Some Important Sources |
|---|---|---|
| MINERALS<br>CALCIUM | 1. Builds bones and teeth.<br>2. Helps blood to clot.<br>3. Helps nerves, muscles and heart to function properly. | Milk-whole, low-fat, skim, buttermilk-fresh, dried, canned; cheese, especially cheddar-types; ice cream; ice milk; leafy vegetables such as collards, dandelion, kale, mustard and turnip greens. |
| IRON | 1. Combines with protein to make hemoglobin, the red substance of blood which carries oxygen from the lungs to muscles, brain, and other parts of body.<br>2. Helps cells use oxygen. | Liver, kidney, heart, oysters, lean meat, egg yolk, dry beans, dry peas, dark-green leafy vegetables, dried fruit, whole grain and enriched bread and cereals and molasses. |
| IODINE | 1. Helps in energy production through the work of the thyroid gland. | Iodized salt. Salt water fish and other seafoods. |
| VITAMINS<br>A | 1. Helps eyes adjust to dim light.<br>2. Helps keep skin healthy.<br>3. Helps keep lining of mouth, nose, throat and digestive tract resistant to infection.<br>4. Promotes growth, bone reabsorption, hormone synthesis, and normal mucous secretions. | Liver; dark-green and deep-yellow vegetables such as broccoli, turnip and other dark leafy greens, carrots, pumpkin, sweet potatoes, winter squash; apricots, cantaloupe; butter, fortified margarine, fortified skim milk or whole milk. |
| D | 1. Helps body use calcium and phosphorus to build strong bones and teeth; important in growing children and during pregnancy and lactation. | Fish liver oils; foods fortified with vitamin D, such as milk. Direct sunlight produces vitamin D from cholesterol in the skin. |

| NUTRIENT | WHY NEEDED | SOME IMPORTANT SOURCES |
|---|---|---|
| E | 1. Protects cells from damage by oxygen.<br>2. Retards destruction of vitamins A and C.<br>3. Prevents rancidity of fats.<br>4. Needed for normal red blood cells. | Vegetable oil, sweet potatoes, turnip greens, whole grains, eggs, liver, meat, wheat germ, fish, margarine and a wide variety of foods. |
| ASCORBIC ACID (Vitamin C) | 1. Helps hold body cells together and strengthens walls of blood vessels.<br>2. Helps in healing wounds.<br>3. Helps body to build bones and teeth. | Cantaloupe, grapefruit, oranges, strawberries, broccoli, Brussel sprouts, raw cabbage, collards, green and sweet red peppers, mustard and turnip greens, potatoes cooked in jacket, and tomatoes. |
| THIAMINE | 1. Helps body cells obtain energy from food, especially carbohydrates.<br>2. Helps keep nerves in healthy condition.<br>3. Promotes good appetite and digestion. | Lean pork, heart, kidney, liver, dry beans and peas, whole grain and enriched cereals and breads, and some nuts. |
| RIBOFLAVIN | 1. Helps cells use oxygen to release energy from food.<br>2. Helps keep eyes, hair and skin healthy.<br>3. Helps keep tissue around mouth and nose smooth. | Milk, liver, kidney, heart, lean meat, eggs, and dark leafy greens. |
| NIACIN | 1. Helps the cells of the body use oxygen to produce energy.<br>2. Helps to maintain health of skin, tongue, digestive tract, and nervous system. | Liver, lean meat, poultry, fish, peanuts and peanut butter, beans and peas, and whole grain and enriched breads and cereals and milk. |
| FOLIC ACID | 1. Needed for growth and renewal of cells.<br>2. Needed for normal red blood cells.<br>3. Essential for many body functions. | Liver, yeast, raw green leafy vegetables, tomatoes, nuts, veal, eggs, oranges, and whole grains. |

| NUTRIENT | WHY NEEDED | SOME IMPORTANT SOURCES |
|---|---|---|
| B 12 | 1. Needed for growth and renewal of cells.<br>2. Essential for normal red blood cells.<br>3. Needed for healthy nerve tissue. | Liver, shellfish, salmon, trout, brains, kidney, beef, lamb, eggs. Milk also provides some vitamin $B_{12}$. Not found in plants. |

# APPENDIX II-E

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# CHAPTER III

## CHAPTER III

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## CHAPTER III
# NUTRITION SERVICE MANAGEMENT

The first decade of the nutrition services program for older Americans focused on the problems of organizing to deliver services. The next 10 years will be a period of developing and refining ways of managing the delivery of services.

A recent study[1] of nutrition services shows that the initial task on balance has been well managed. It also identified important management problems: meal costs and food quality vary widely across the country.

Nutrition service operation size, location of sites, and the method of food delivery do not make much difference in either the cost of the meal or its quality. The only factor which makes an appreciable difference is whether the person in charge is a good manager.

The cost and quality are conditions in any service-related activity which can be controlled, and the function of management is to control conditions which affect the delivery of services.

Service management is the primary responsibility of the nutrition service director. This chapter describes the good management necessary to have a smoothly running service which best meets the needs of older persons. Management includes planning, organizing, staffing, directing, and assessing. (Assessing is discussed in Chapter VII. Management processes in Chapter IV cover many aspects of food service management.) All of these functions are integral, ongoing responsibilities involved in nutrition service management. In managing nutrition services, some functions may be shared with others. Initial clarification of nutrition director management functions comes from the AAA.

## I. MANAGEMENT STYLES

All managers have a style of management with which they are most comfortable. An individual style determines how a person relates to others, solves problems, reacts to pressure, and approaches new situations. There are several different management styles, all of which are useful. There is no one ideal style, although some styles are more appropriate for a given situation than others.

Many theories about management style have been developed, two of which are presented here. The first deals with how the manager relates to employees and the second more specifically describes the individual manager.

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[1] Analysis of Food Service Delivery Systems Used in Providing Nutrition Services to the Elderly, Preliminary National Report (Washington, D.C., USDHHS, Administration on Aging, June 30, 1981).

Approaches to management styles:[2]

- Authoritarian, a hierarchical system with virtually no participation in management decisions by subordinates; decisions are made by superiors and subordinates are expected to comply.
- Paternalistic, a compromise with complete autocracy; power remains at the top, but subordinates are given some opportunities for participation in the decision process.
- Consultative, in which power remains at the top, but superiors display interest and confidence in subordinates; there is good communication and participation throughout the organization.
- Participative, in which subordinates have wide latitude to initiate, coordinate, and execute plans. Communication between subordinates and superiors is completely open, involved, and unguarded. Staff is encouraged to suggest ideas, identify areas of agreement, and share the leadership role.
- Laissez-faire, in which the manager is passive and waits for staff to initiate ideas or ask for direction. Each staff person can do as she/he pleases.

The truly effective manager recognizes that there are appropriate times to utilize each of the above styles. Although a participative system is preferred by many management experts, in a crisis the agency may prosper for a short period (three to nine months) under authoritarian leadership. Conversely, a program that has been operating at a high energy and achievement level (e.g., opening new sites, expanding in-home meals, and developing new linkages) may benefit from a laissez-faire period. This would permit staff to take a break from the demanding pace of expansion.

The Lifo system of managerial styles (developed by Stuart Akins and Dr. Allan Katcher) is another model.[3] This system is based on the philosophy that managers have a predominant management or leadership style. Four management/leadership styles identified in the Lifo system are:

- Controlling/Taking - persuasive, self-confident, forceful, competitive, persistent, risk-taking, quick decision-maker
- Supporting/Giving - trusting, loyal, cooperative, responsive, helpful, thoughtful, modest, idealistic, supportive
- Conserving/Holding - practical, tenacious, analytical, thorough, reserved, factual, methodical
- Adapting/Dealing - flexible, negotiating, adaptable, experimenting, enthusiastic, tactful, socially adept.

Most managers have a predominant style and a second strong style. The benefit in identifying one's style is that the more a manager understands his/her own styles, strengths, and weaknesses, the better prepared he/she is to enhance strengths and minimize or compensate for weaknesses.

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[2] Rensis Likert, Human Organization (N.Y., McGraw Hill, 1967).

[3] Steve Ludwig, "Turning Weaknesses into Strengths," Sky, May 1974.

Understanding management styles also helps in selecting staff. A proficient management team may be developed by hiring staff who have complementary styles. For example, a conserving/holding fiscal officer or bookkeeper would complement the style of a controlling/ taking director, and a supporting/giving outreach worker would add balance to that staff. Advisory council members and volunteers may also be selected for their styles. Asking an advisory council member who has a strong conserving/holding style to review budgets or bids could balance a supporting/giving nutrition director.

Nutrition directors who have diverse management responsibilities and limited personnel have a greater need to develop various management styles. Awareness and practice of useful managerial styles can maximize management success.

# II. OPERATIONAL PLANNING

Planning entails assessing needs, establishing goals and objectives and strategies to meet them, developing budgets, writing policies and procedures, and developing services.

The area agency on aging (AAA) has overall responsibility for needs assessment and planning, but input is often solicited from the nutrition provider. This section presents tools and strategies of planning useful to nutrition directors in designing their service and in offering suggestions for expansion and improvement to the AAA.

## A. NEEDS ASSESSMENT METHODOLOGY

An essential first step in the planning process is for area agencies to assess the level of need for congregate and in-home meals within the planning and service area. This type of assessment is called an area needs assessment and is an integral part of program and service planning. AAA's often ask nutrition providers to help assess needs, and a variety of techniques and methodologies may be used.

One planning method uses statistical information to help determine area needs. For example, adults over seventy-five are likely to have a greater number and more serious needs than those sixty to seventy-four years of age. Therefore, AAA's may want to know how many persons receiving nutrition service are seventy-five and over. Local statistical information reflects the levels of met and unmet needs better than state data (e.g., census data or state agency statistics). Local statistics, combined with state and national findings, can provide information for area planning.

A more comprehensive technique using a mathematical formula has been developed in North Carolina. It is used to assess service programs by factors such as cost, prevalence in the community of the problems the services address, community priorities, and potential impact of service on needs. Services with the greatest impact at the least cost are those assessed as most needed.[4]

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[4] Emerson Snipes and Ann W. DeMaine, Service Planning for the Aging (Raleigh, NC, Center for Urban Affairs and Community Services, 1979).

A third needs assessment methodology has been developed in California. It uses established levels of functional disability for older persons and combines them with local-level population data. This, then, establishes the size of the "high risk" older population in need of services in a local area.[5]

The needs assessment method or combination of methods selected by the AAA will determine what type of information will be requested from the nutrition provider(s).

## B. SETTING PRIORITIES

National priorities for nutrition services are set by federal law and include a preference for serving older persons with the greatest economic or social need. The area agency has primary responsibility for setting area priorities, as well as for establishing the guidelines and procedures to carry them out.

Nutrition providers also may be asked by AAA's to become involved in setting priorities. It is often useful to enlist the help of governing body and advisory council members, where such bodies exist, as well as other staff. However, they must set aside personal preferences when establishing program-wide priorities. The concept of planning "with" those to be affected, (governing body, staff, and advisory councils) and not planning "for" them should be applied to priority setting.

Changing or reestablishing priorities requires time, trust, and tact. Reasons for change need to be stated (e.g., change in state or federal policy).

Written copies of the revision and its possible impact will help to clarify the change. Staff must be especially supportive and sensitive to participant needs during a transition period. If requested by the AAA, nutrition providers also may become involved in setting specific service priorities, particularly in regard to the target population, proportion of congregate to in-home meals, and service expansion.

### 1. Target Population Priorities

The Older Americans Act states that priority is to be given to those with the greatest social or economic need, but even with this, there is still room for interpretation: Who are these persons? How shall we identify them? What efforts shall we make to insure that we are indeed serving this group? Where are they? What percentage, if any, of those most in need should we strive for in our programs? The answers to these questions set service priorities. In addition to setting priorities for outreach efforts and programming to meet special needs (discussed in Chapter VI), selecting the right service area and site location will enhance service to the target population.

Will the provider serve all those who are eligible within a small geographic area, or will it serve only those with greater need from a broader area? The answers to these questions require input from many sources. A set policy for the criteria for site selection and service area should be decided on and available in writing to all interested parties. The location should fulfill the requirement of federal regulations to locate congregate nutrition services close to the majority of eligible older people and to have the location acceptable to the participants who will use them.

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[5] J. J. Glassman, and others, "Toward an Estimation of Service Need," Community Planning for an Aging Society (Stroudsburg, PA, Hutchinson and Ross, 1976).

### 2. Proportion of Congregate to In-Home Meals

The Title III regulations distinguish between eligibility requirements for congregate and in-home meals. As in the past, congregate services are the first priority. The percentage of meals that are home delivered will need to be based on the unique needs of older persons in each area.

A recent Department of Health and Human Services report of the in-home meal services found that as many as 25 percent of the participants in some areas were not actually homebound. 6

If you suspect such a situation exists in your area, staff needs to reassess priorities and procedures for carrying them out. One option is to develop an approach for encouraging home-bound participants to transfer to congregate meal service.

### 3. Expansion

Setting priorities for service expansion is one of the most difficult decisions an area agency has to make. A site could serve current participants additional meals each day, or could serve them seven days a week instead of five. Additional funds could also be used to serve meals to participants from communities not currently served.

The advantage of serving more participants is rooted in the notion that the program should touch as many older persons as possible, and that one meal a day and socialization can make a difference. A benefit of serving more participants is that more people gain access to other services through involvement in nutrition services. This is particularly true if the meal site is located within a multipurpose senior center.

The advantage of providing more than nutrition services to current participants is more pronounced if they are very needy or very frail.

## C. THE PLANNING PROCESS

Plans are the documents that compile the steps of planning and establish subsequent program/service development. The Older Americans Act does not require nutrition service providers to write plans, but planning is included in this manual as an organizational process necessary to service management.

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[6] Home-Delivered Meals Program; A Service Delivery Assessment, Preliminary National Report, Washington, D.C., Office of the Inspector General, USDHHS, 1981.

Annual funding from the AAA is usually based on an approved plan.

The purpose of planning is to determine what nutrition services should be provided to older persons, and how to best deliver and pay for those services. Area agencies have responsibility for comprehensive planning for all services needed by older persons at the local level. Nutrition service directors have the responsibility for day-to-day planning of nutrition services and should get input from the AAA. Duties should be assigned and accepted to coordinate planning with all relevant staff and volunteers, including community agencies and groups. Plans may be short-term or long-term.

The planning process flows in a cyclical fashion in which assessment, as an end phase, feeds back into goal and objective setting and data collection. For the purpose of discussion and clarity, the parts of the process will be segregated. It should be kept in mind that the process is a continuing one with much overlapping of steps.

## 1. Input from Consumers and Other Resources

Nutrition providers must have a procedure for obtaining the views of participants, agency staff, and other community resource people and enlist their help as an effective planning technique.

One advantage of such input is that it gives them an opportunity to express their needs and priorities. Another advantage is that they will be more committed to the successful implementation of the plan if they have contributed to its development.

There are opportunities for input at every stage of the planning process. For example, data analysis is often regarded as the province of technicians, yet the interpretation of data and how it is used is relevant in the context of community values. It may be that a meal site is experiencing low utilization. It could be assumed that the reason is lack of need, but participant input may reveal that the site's hours are unsuitable, that bilingual staff are not available, or that transportation is difficult. Potential solutions can vary considerably.

Nutrition staff should be cognizant of what is needed at each point and which methods are best for obtaining the information.

Several methods are useful:

- o Advisory councils are formally organized bodies that are created to give opinions to governing bodies in defined subject areas. Members usually include program participants as well as other community representatives.
- o Surveys directed to meal participants can gather information on meal satisfaction and activity and service suggestions.
- o Task forces are set up for a limited time to accomplish a specific function (e.g., to determine a reservations policy).
- o Key informant surveys are ways of soliciting input on a variety of topics from other resources and also from consumer representatives.

## 2. Formulating Goals

A goal is a description of a future ideal state or situation toward which the service should be striving. It is a broad ideal which takes considerable time to achieve.

Nutrition service providers are primarily concerned with participant service goals. Nutrition service goals should complement the service goals of the AAA so that together their accomplishment creates a comprehensive service system.

## 3. Collecting Data

Data collection helps identify needs and resources in the community. Presented below are two categories of data collection:

- Client-Need Data is of two basic types.
  - Primary data is collected by the provider agency; some sources include: case files, fiscal reports, required reports for state or federal agencies, and participant questionnaires.
  - Secondary data is previously assembled by other agencies, consultants, or governmental units. The advantage is that this data collection is usually inexpensive. A disadvantage is that the format and content may not be exactly what is needed.
- Resource Inventory is an inventory of available and potential service resources in the community. An inventory lists the types of services available, the fiscal restraints, and the service levels of other agencies.

## 4. Analyzing Data

The analysis process is used by the nutrition provider to concentrate on comparisons and conclusions drawn from data in order to identify various types of needs, or sometimes the mismatch between needs and available services. For example, if site activities/education have been focused on health issues and recreation and a survey indicates the primary issues that concern participants are high fuel costs, Social Security policy, and food stamps, then it is reasonable to conclude that the activities and needs are not matched.

## 5. Setting Objectives

Objectives are specific statements of expected achievement which are measurable and easily monitored.

As an example of setting objectives, consider the Title III national goal:

> Secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services.

A corresponding local goal, for example, is the adequate availability of in-home meals in order to meet the needs of persons who could remain at home with the help of these services.

The next step is to set realistic objectives for the agency. One corresponding to the above local goal would be:

> to increase the number of in-home meals served from 100 to 125 by March 1983 through identification of private funding sources.

Once specific objectives are identified, action steps are developed to identify what needs to be done to accomplish each objective, and how, when, and by whom it will be done. Accomplishment of action steps is monitored and achievement of objectives is assessed. (See Chapter VI.) Feedback from the monitoring and assessment findings are taken into consideration as the next planning period is begun. Thus, the planning cycle is completed.

### 6. Planning Revisions

Revision is inherent to the planning process. Ongoing monitoring, an increase or decrease in funds, monitoring of the plan by the area agency, and/or analysis of reports can necessitate plan revisions. The nutrition provider should be clear about what revisions are necessary, and why. Developing the rationale behind plan revisions assists future planning efforts.

Develop a checklist of what needs to be revised and from that checklist determine where to start in the planning process. For instance, if an objective does not appear to be obtainable, then start with the formulation of the goal. Continue the process until a conclusion is reached. After revisions are drafted and prior to implementation, input and approval from participants, governing bodies, the area agency, and other funding sources should be sought. When approval is obtained, and recommendations are reviewed by the nutrition staff and incorporated into the plan, then implementation can begin.

# III. ORGANIZING

Organizing includes developing staffing patterns, defining areas of staff responsibility, writing job descriptions, and clarifying roles and responsibilities for central office and site staff, both paid and volunteer. It also involves designing communication and coordination channels, delegating tasks, utilizing existing advisory councils and consultants, and managing time.

## A. STAFF ROLES, RESPONSIBILITIES, AND RELATIONSHIPS

Each employee must understand not only his/her area of responsibility, but also responsibilities of other employees, and how each relates to the whole. Systems for communication and coordination can then be established. These include: progress reports and discussion, staff meetings, and sharing written reports and memos.

### 1. Job Descriptions

Each staff position needs to have a written job description developed before the position is funded or filled.

- Job descriptions enable the supervisor to:

- determine what jobs need to be done to meet current objectives
- determine what skills are needed to do a job
- provide a basis for selecting and hiring employees
- evaluate an employee's performance based on the expectations set forth.

● Job descriptions allow an employee to:

- have a clear and accurate idea of job responsibilities
- understand how the agency's lines of authority and communication operate
- plan and manage time to ensure completion of all job duties
- have a basis for self-evaluation.

● The job description is a working document which should be reviewed often and revised when duties change. A good job description includes:

- title of position
- lines of authority (who supervises the position)
- minimum requirements stated in measurable terms
- education, specifying if a degree is required, what type, and in what area of study
- experience, including length of time in jobs, types of experience (e.g., supervisory, fiscal), kind of experience (e.g., teaching, working with older persons, etc.)
- special requirements (e.g., applicant must be a registered dietitian)
- allowable substitutions between education and work experience (e.g., a master's degree may be substituted for two years of work experience)
- specific skills that are needed (e.g., ability to type sixty words a minute)
- specific duties that are required (e.g., type all correspondence).

● Some job descriptions also:

- assign a percentage of the employee's time to each duty
- list suggested pay ranges for the position
- identify the relative priority of all responsibilities.

## 2. Central Office Staff

Central office staff performs administrative and management functions. Building a cohesive team with the site staff requires ongoing communication and special planning. Staff meetings, joint training, sharing of ideas and problems, job-swapping, and staff social events can help enhance the central-site staff relationship.

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Central office staff may include the following positions:

- executive director and/or nutrition director
- dietitian
- fiscal officer/bookkeeper
- administrative assistant/assistant director
- secretarial/clerical staff.

Larger nutrition providers may also have a:

- volunteer coordinator
- congregate meals supervisor
- in-home meal supervisor.

Budget constraints and size of the operation determine positions. Staffing options include: combining job responsibilities, hiring part-time staff, and filling some positions with volunteers. Agency goals and objectives need to be considered in developing staffing plans. Many providers have found that developing a multi-functional staff provides greater flexibility to meet current needs/objectives and develop new directions. For example, a secretary/bookkeeper might meet the provider's needs in the early stages of a small operation; but as services expand, the position could be divided between a full-time secretary and a half-time bookkeeper.

Making an organizational chart helps clarify job relationships. Each staff person (paid or volunteer) should have one direct supervisor. Central staff organization is best when only a few report directly to the director. Delegating supervisory responsibilities is one of the most valuable time management tools available to the director, but care must be taken not to assign too many employees to one supervisor. If staff is not ready to assume supervisory functions, begin training with coordinating functions (e.g., communicating schedules, approving routine time off, receiving activity calendars and services-rendered reports) and then progress to supervision.

## 3. Dietitian

Most states require that a nutrition provider have access to the services of a dietitian, although the role varies from state to state. A dietitian can provide the following services to a nutrition service provider:

- plan menus
- review menus planned by others and make modifications as needed
- approve/recommend substitutions
- serve as a consultant in planning and evaluation
- assist in monitoring a subcontract with a food service provider
- assist in management of central kitchen
- supervise food preparation
- train volunteers, staff, and council members in food handling and sanitation
- provide nutrition education

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- counsel older persons about their diets
- prepare specifications for purchasing food and equipment
- be responsible for the financial control of the food operation.

The number of hours a dietitian is employed will depend on roles and responsibilities.

## 4. Site Staff

Each nutrition site must have a responsible person, paid or volunteer, designated to serve as manager of the site. This person is responsible for: the day-to-day activities and operation of the site; supervision of the serving of meals; handling contributions; planning activities and programs; keeping records; recruiting, training and supervising volunteers; and handling emergencies. In some agencies, the site manager also supervises the preparation of the meal.

Staffing patterns for sites vary considerably. Most sites, however, have only one or two paid positions. Paid and/or volunteer positions found at nutrition sites may include:

- Site Manager
- Center Director (if the site is located in a senior center or where there are several recreational or supportive service activities)
- Hosts/Hostesses
- Servers/Clean-Up Personnel
- Dietitian/Nutrition Education Personnel
- Cook/Kitchen Manager (if meal preparation is on site)
- Outreach Worker(s)
- Social Service/Recreation Coordinator

## 5. Volunteers

Nonsalaried staff are an excellent resource. As with paid staff, written job descriptions need to be developed and discussed with volunteers. Site volunteer jobs may include: table setting and clean-up; serving people; serving food; transporting people; counting contributions; and getting attendance signatures. Site managers can also use volunteers in more creative and challenging roles: fund-raising; public relations; program planning; implementation of outreach; and recordkeeping.

It is especially important that volunteers be provided:

- Orientation including a description of the program, its purposes, funding sources, policies, etc.
- Training to develop skills
- Responsibility for making a valuable contribution to the program
- Supervision on an ongoing basis, including feedback about strengths and weaknesses and/or skills to be modified
- Recognition on a formal and informal basis throughout the year.

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Maintaining positive relationships between paid staff and volunteers is an ongoing challenge. Problems and conflict usually can be avoided by having written job descriptions, providing effective training, establishing open communication, and by recognizing volunteer and paid staff accomplishments.

If the nutrition provider uses a combination of paid staff and volunteers, it may be helpful for paid staff to view its role as one of support and assistance to volunteers. Forming positive working relationships with volunteers is a staff responsibility, and staff training in interpersonal skills, assertiveness, and handling conflict situations may be helpful.

For more information on volunteers, refer to Chapter VII in the companion manual, Nutrition Service Provider's Guide to Site Management.

## B. DELEGATING AUTHORITY

Delegating necessitates identifying tasks and responsibilities, describing them to appropriate staff (paid or volunteer), and negotiating with them to carry out the tasks and responsibilities. Included in negotiation would be conditions such as work plans, budgetary constraints, a method of assessing progress, etc.

Delegation helps the nutrition director because it:

- releases the nutrition director for more effective use of his/her time
- develops the skills of staff and enhances staff motivation
- strengthens program management through the development of clear and accountable roles and responsibilities.

The most valuable long-term benefits of delegating are staff motivation, growth, and development. The nutrition director who delegates effectively is assured of having a dynamic organization with personnel on all levels who are trained and experienced.

Essential components of delegating are:

- clear communication of objectives, tasks, time frames, and expectations
- choosing significant areas of responsibility
- choosing appropriate staff personnel for delegated assignments
- sharing authority to make necessary decisions
- monitoring and supervision.

Managers commonly offer excuses for not delegating: "I'm too busy," or "The staff is not capable." Delegating can actually extend a manager's time. The benefits to the nutrition director and the agency are worth the initial time invested and the risks of entrusting the task to someone else.

Delegated tasks can be monitored, and the following techniques have proven useful:

- establishing time frames for the completion of each task or assignment
- scheduling regular meetings for update and problem-solving

- conducting personal visits and inspections, including interviews with participants

- requiring monthly or quarterly progress reports.

## C. TIME MANAGEMENT

The basic concept of time management is to control the use of time. One of the myths is "the harder one works, the more he gets done." In reality, "working smarter, not harder" will accomplish more. An hour of planning may save three to four in execution. Another myth is "workers who are the most active get the most done." Results are more important than nonproductive activity.

### 1. Time Wasters

When managers are asked to identify major time wasters, invariably external causes are listed first. External time wasters are:

- telephone
- meetings
- routine tasks
- employees with problems
- interruptions
- correspondence

Some techniques to control external time wasters are:

- Telephone - utilize the "call back" system. The manager determines in advance which, if any, calls should come through and when it is convenient to return calls. This allows the less important calls to be placed at a time convenient to the director, rather than the caller. Call-backs may be scheduled late in the morning or afternoon when the other party may be preparing for either luncheon engagements or quitting time and will, therefore, be less inclined to socialize. To avoid frustrating callers, the manager may wish to let frequent callers know his/her telephone schedule.

- Visitors - authorize staff to screen persons wishing to schedule an appointment to determine the purpose for the visit and the length of time required. This will enable both the director and staff to prepare adequately for the appointment. Set time limits and make a pleasant but forthright statement at the beginning of the meeting of the amount of time available. Meet unscheduled visitors outside the office and hold stand-up conferences.

- Staff - meet regularly with staff. This will minimize the need for drop-in visits. Have well planned agendas and train staff on agenda preparation and effective meetings.

- Employees with problems - go to the employee's office to avoid interruptions and to prevent loss of control over the director's office. The meeting will also be held nearer to the resources relevant to the problem (files, reports, etc.). A side benefit is that employees are complimented when the director comes to their offices.

- Correspondence - have incoming mail screened and sorted. Design form letters and form paragraphs for routine correspondence. Use short, terse words. Don't perpetuate polysyllabic obfuscation! Set aside a special time for mail/ paperwork.

- Meetings - invite people in writing and be specific regarding what is to be accomplished at the meeting. Stick to the agenda. Start on time. End on time. Assign responsibility for further action if necessary.

- Interruptions - close the "open door." Always being available is no guarantee of success, and it may encourage employee dependence and allow interruptions that fragment the director's day.

- Routine Tasks - delegate them.

Internal time wasters are:

- lack of organization
- lack of delegation
- no priorities
- unrealistic time estimates
- inability to say "no"
- snap decisions
- attempting too much at once
- crisis management.

For efficient use of time, it is important to eliminate internal time wasters and implement techniques for saving time. Some time savers that relate to management functions are:

- Planning - develop a daily plan differentiating between tasks that are urgent and important, important but not urgent, urgent but not important, and routine. Be aware of your own high and low levels of energy/efficiency and plan to do the most difficult tasks when you have most energy.

- Organizing - eliminate desk clutter which tends to distract by taking time to organize papers. Divide papers into categories: immediate action, low priority, and reading material.

- Directing - learn to delegate effectively and practice it daily. Handle correspondence and phone calls quickly and efficiently. Establish systems for information flow so decisions can be made without delays.

- Controlling - establish deadlines and meet them, develop times for uninterrupted work, learn to say "no."

- Assessing - implement ongoing methods of assessment (e.g., quarterly cost reports, checklists, etc.) to provide regular feedback to assess progress and costs. Follow up quickly while thoughts are still fresh.

## 2. Staff Time

Nutrition directors can establish procedures to improve the time use of all staff. However, the opposite can also be true, and directors can block effective staff time management by:

- delaying decisions
- imposing unreasonable time frames
- failing to put policies, procedures and plans in writing
- requiring excessive paperwork, documentation, and reports
- handling issues in meetings that are not relevant for the entire group
- failing to dovetail requests with employees' existing workload and priorities.

Staff can assist the director to use time effectively by:

- communicating briefly in writing, rather than having to speak with the director on all issues
- scheduling appointments to discuss business instead of dropping in
- clarifying assignments and messages before proceeding with tasks
- formulating clear, concise questions for clarification
- organizing reports, data, and questions before presentation to the director.

## D. WORKING WITH CONSULTANTS

Consultants are experts who give professional advice or services. Whether paid or in-kind, they can be a valuable resource.

### 1. Services

Consultants can provide many types of services, including:

- a direct service such as counseling about diets or nutritional needs, teaching consumer skills, developing menus, and fundraising
- analysis of service operations such as information flow, time management, procedure adherence
- development of systems such as purchasing procedures, inventory controls, accounting procedures, personnel policies, or training modules
- training staff, advisory council, and volunteers in communication skills, public relations, outreach skills, monitoring subcontracts, or improved accountability.

### 2. Methods of Consultation

Purchase Model. In this model the need is defined, and the director "purchases" a consultant to fill that need; for example, the director might determine that the agency needs an inventory control system and hires a consultant to develop it. For the purchase model to be successful, the needs must be correctly diagnosed, and the manager must learn to recognize problems and must become actively involved in the solution.

Doctor/Patient Model. This model involves the process of being "looked over"—much as a patient would go to the doctor for a physical examination.

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The consultant is given the responsibility of determining the flaws within an organization and prescribing a program of therapy. The most obvious difficulty with this process is the reluctance of the organization to reveal the kinds of information necessary for accurate diagnosis and treatment. Another difficulty is that the "patient" is often unwilling to believe the diagnosis or accept the treatment.

With either model, the nutrition director has a responsibility to coordinate and facilitate access to the program staff, records, and resources for the consultant.

The consultant has the responsibility to meet contractual obligations in a timely and professional manner. If unexpected situations arise, the consultant should notify the nutrition director immediately.

# IV. STAFFING

Staffing activities include: recruitment and hiring, orientation, supervision, staff support and motivation, and training.

## A. RECRUITING AND HIRING

### 1. Procedures

Most recruiting and hiring policies and procedures include job descriptions and qualifications, advertising procedures, area agency contract specifications, affirmative action policies, staff and board responsibilities, initial and final screening (including interviewing) procedures, final candidate selection, and acceptance and rejection procedures. The potential for legal claims of discrimination by job applicants necessitates the development of recruiting and hiring procedures and accurate documentation of actions taken. Job descriptions and salaries should be specific and kept up-to-date, and all Title III paid and volunteer positions should be reflected in the appropriate program and fiscal sections of the area agency contract.

### 2. Older Workers

The Older Americans Act requires that, when other factors are equal, job applicants who are over sixty years of age be given preference in hiring. This preference should be stated in the provider's personnel policies, employment advertisements, and to older job applicants.

Studies have shown that older workers are usually the most dependable employees in any organization. A report compiled by the National Council on the Aging, Inc., states that: 7

- As a group, older workers have fewer accidents and less absenteeism than other workers

- In many job situations, the efficiency and productivity of older workers equals, and sometimes exceeds, the output of younger workers

- With appropriate training, most older workers can acquire new job skills.

In evaluating the older worker's qualifications, the director must keep in mind the breadth of a person's life experience and how that may apply to

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[7] National Council on the Aging, Inc., Fact Book on Aging: A Profile of America's Older Population (Washington, D.C., NCOA, 1978).

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the job. For example, older workers often show a special ability to understand the problems of participants. A comprehensive interview will identify the applicant's skills and any job-related needs, such as transportation.

The aging process produces physiological changes that can affect the work capacity of older individuals. The individual life cycle pattern of productivity is certainly not uniform and will also be influenced by the type of work. Some adjustments in the work load or training program may be necessary when an older person is employed. For example, a cook's helper may not be able to lift heavy pots and pans but can be of valuable assistance in other jobs, such as serving. It is important that the program be flexible in its expectations of the older worker to maximize this resource.

## B. ORIENTATION

Each new employee needs a comprehensive orientation to nutrition services. (See Appendix III-B.) This initial contact with the program can determine whether or not the new person will be productive.

There are many different ways to orient new employees, but all need to know essential facts:

- nutrition service goals and objectives
- the scope of agency activities--number of sites, other services, etc.
- personnel policies - leave, raise, evaluations, etc.
- the organizational structure - supervision, etc.
- the aging network, including explanation of the Older Americans Act
- names, titles, and responsibilities of other staff
- specific duties
- procedures and policies - service referrals, meetings, etc.
- office environment - coffee, etc.

Encouraging new employees to ask questions and meet other staff members will make them feel welcome and useful to the program. Establishing good working relationships immediately is better than having to deal with problems.

To orient the new employee, some agencies use the "buddy system" whereby a new employee is assigned to a staff member who will handle the orientation and "show the employee the ropes." The program director may wish to fill this role, and thus establish a personal relationship from the beginning.

One method of orienting new site managers is for the nutrition director to spend the first week with them. The first two days, the director manages the site, explaining practices and procedures to the new site manager. The third day, they complete the responsibilities jointly, and the last two days, the new site manager completes them under the close supervision of the nutrition director. Another method is for the new site manager to work at an ongoing site with an experienced site manager. This also provides positive feedback to the experienced employee. During the initial

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months on the job, it is important for the director to follow up frequently with the new employee to see if questions have surfaced and if the employee knows where to get help.

## C. SUPERVISION

Supervision involves supporting, guiding, controlling, and correcting. It is a day-to-day activity in which the supervisor is guided by personnel policies, job descriptions, and program objectives. Supervision involves:

- evaluating the quality and quantity of the employee's work
- evaluating the employee's development, initiative, and potential
- guiding and counseling to correct an employee when problems occur
- informing the employee whether the work is satisfactory.

Direct supervision can be provided to staff who are in the central office and seen daily. To supervise staff at meal sites or other areas, indirect supervision may be appropriate. In this instance, the nutrition director may delegate the supervisory function to another employee (e.g., the assistant director or social service coordinator). This employee then can report regularly on staff operations. The director can also monitor activities at a site to see how well the delegated supervision is being performed, and a need for training or direction can be identified.

When the provider subcontracts site operations to a grantee agency or group, the nutrition director does not supervise the site managers or other site staff. In such cases, the site managers answer directly to the grantee governing body or to a staff person in the grantee agency. In this instance, the director needs to secure a clear, written statement of staff roles and responsibilities, and develop working relationships built on trust, cooperation, and coordination. Several decisions should be made by joint negotiation prior to service start-up, including lines of authority and what to do in case certain problems arise.

In other cases, a recreation department or other agency will donate a portion of an employee's time to serve as site manager. It is important to determine in writing the roles and relationships of the parties involved. Answers need to be decided in advance to questions such as:

- Which agency's personnel policies apply for sick leave, vacation, holidays, etc.?
- Which agency pays any travel costs incurred in carrying out the job responsibilities?
- If problems develop with an employee, what is the procedure for handling them? Who is responsible for employee's performance?
- If the specific employee leaves the position, does the program still continue to donate the service?

Frequent and open communication is needed to clarify roles or solve problems as soon as they emerge.

Monitoring the performance of staff under subcontracted activities is more difficult than monitoring those within the same agency. For example, if the delivery staff of the restaurant catering meals is rude or inappropriate, the site manager and/or nutrition director would take different action than if that person were a nutrition provider employee. If the employee were employed by the provider, the supervisor or nutrition director would meet with the employee and discuss the situation and decide how to avoid similar problems in the future. (See Section E-3, Corrective Action.) If the employee is employed by a subcontractor, the nutrition director would notify the subcontractor to remedy the situation.

It is important to establish roles and lines of authority for direct nutrition provider staff as well as staff of subcontractors. For a subcontractor's staff, a system which documents (in writing) the time, location, and action to be corrected should be established. It is usually more efficient for one person, such as the nutrition director, to handle all transactions with the subcontractor. This ensures that the nutrition director remains aware of all aspects of the subcontractor's performance and eliminates the confusion of many messages going to the subcontractor. This single-source system should also facilitate follow-up because the subcontractor has only one person to contact.

## D. STAFF SUPPORT AND MOTIVATION

### 1. Support

Every employee needs support from the nutrition director to grow and develop to maximum capabilities. Support can be expressed in a variety of ways, depending on the needs of the employee and on the personalities of the director and the employee.

Listening. This is one way of demonstrating interest and support. It is a difficult skill to master, but it is essential to effective supervision. In listening to employees, the director needs to hear exactly what is being said, and to realize what is not said. The following tips might help:

- Often the employee only needs to know someone cares enough to listen. Concentrate on what the employee is saying and not on a solution. Often listening is enough.
- Be alert to hidden problems and willing to explore any problems mentioned. It is difficult for an employee to confront a thorny problem quickly.
- Keep all information confidential.
- Avoid giving advice. It is helpful to explore alternative solutions to problems, but the decision should be left up to the person with the problem whenever possible.

Give Feedback. Another way to demonstrate support is to give feedback. It is a skill that requires trust, openness, and acceptance. Regardless of the truth of the feedback, it is useless if the employee does not accept it due to defensiveness, a lack of understanding, or a lack of skills to implement change.

Suggestions for improvement should be positive. For example, the nutrition director might say, "The ideas you expressed in the staff meeting were good,

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but other staff members did not accept them because they weren't presented clearly" instead of, "If you would learn to speak clearly, you might be able to sell your ideas."

Provide for Personal Growth. Personal growth and development are important. The nutrition director can be instrumental by initiating training that will provide growth for employees. Examples are training in communication skills such as writing, transactional analysis (T.A.), handling conflict; time management; or stress management. Employees can be encouraged to attend training provided by other agencies, and to attend conferences, seminars, and workshops. Suggestions on how an individual employee can grow and develop new expertise can be very helpful: recommend books or articles to read, exercises to practice, ways to evaluate one's own work, etc.

Encourage. Encouragement is another type of support and requires an ongoing commitment by the director to provide opportunities for the free expression of ideas in staff meetings, informal settings, and in employee conferences. Employees may need urging to take risks and try new tasks. Employees may also need encouragement to make decisions to further their education or to change behaviors.

Recognition. Recognition for an employee who has made a special effort to improve is very important. Recognizing when an employee is having difficulty is another way a supervisor can show support. Recognition, spoken and/or written, may be a quick and simple "well done" in a note or greeting, or could be a letter of commendation. Nonverbal recognition includes pats on the shoulder, smiles and/or nods.

A supervisor is in a position to recognize signs of stress in an employee. Providing support at such times demonstrates to the employee that the supervisor cares and wants to help. Employees who receive sincere support from the director are more likely to be highly motivated and to continue to grow and be successful.

## 2. Motivation

Everyone agrees that a motivated staff is a positive element in administration. The question is: How does the nutrition director achieve that? Research provides interesting insights into what does and does not motivate people. Successful motivators include:

- the perception by the employee that his/her work is meaningful and worthwhile
- the involvement of the employee in decisions and work plans
- the joint establishment of realistic, measurable objectives in order for employees to measure their achievement levels
- the independence to act on one's own decision
- the delegation of responsibility and authority
- the recognition of accomplishments by a supervisor
- the satisfaction that comes from growth and achievement.

These motivators are primarily associated with the reaching of one's full potential by the individual on the job.

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Job satisfaction and high production are associated with these motivators.

The nutrition director needs to intervene immediately when it becomes apparent that an employee has lost motivation to do the job well. Counseling the employee to determine when the problem began is helpful. Did a particular incident trigger the problem?

Determination of the underlying problem is an important step. It may be that the employee finds the job overwhelming or boring, or perhaps feels unimportant to the program. Once the problem has been pinpointed, the director and the employee need to agree on a course of action which would correct it and provide the employee with new motivation. For example, this could involve a change in hours, responsibilities, or job procedures. It is important to help the employee grow from the experience.

It is appropriate for motivation levels to vary within an organization. Human beings do not maintain consistent levels of emotions. The director must be prepared to accept as normal varying levels of motivation among employees.

## E. EVALUATION OF STAFF

Employee evaluation is an integral component of management. It is a process by which the supervisor assesses the employee's performance against standard criteria, such as the job description, the work plan, personnel policies, etc. It is helpful for the employee to make a self-assessment based on the same criteria prior to the evaluation session with the supervisor. Then both parties are equally prepared to discuss the work performance of an employee.

### 1. Evaluation Content

Areas of evaluation might include:

- Quality and quantity of work
  - knowledge of job, policies, and procedures
  - ability to plan and organize, use time wisely, prioritize, meet deadlines
  - ability to work independently
  - attendance
  - understanding of the interrelationships between each job and the service goals
  - willingness to take additional responsibilities
  - willingness to try new experiences.
- Ability to get along with others
  - ability to communicate
  - ability to relate well to the public
  - ability to establish positive relationships with other staff
  - ability to plan and coordinate with others
  - ability to use authority.

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- Personal work habits
  - flexibility
  - initiative
  - decision-making skills
  - supervisory skills
  - dependability and reliability
  - promptness
  - receptivity to growth, training, supervision, and development.

For permanent employees, evaluations are usually performed annually or semiannually. Both the supervisor and the employee should have a written record of the evaluation. If the need for corrective action is identified in the evaluation conference, a schedule of frequent meetings will be needed to discuss progress.

Directors who invest time in frequent evaluations of new employees can often avoid serious personnel problems later. It is helpful to the agency and to the board to be aware of the feedback the director receives.

## 2. Work Plans

After developing goals and objectives for the year, a work plan needs to be established for each objective. It also may be helpful to develop a separate work plan for each employee, identifying responsibilities in achieving the objectives. The work plan states each step or task necessary to accomplish an objective, indicates the person or position responsible for the task, and gives an estimated completion date. The work plan is also an excellent evaluation instrument. Staff should review its work plans at least monthly to see if it is "on plan" in achieving objectives and goals. Since the plan is a working document, it must be consulted regularly to be of use to the director in measuring effectiveness. Reviewing the work plan will help staff to see what objectives are not being met, and what activities need to take place for the achievement of the objectives. Since work plans are plans they may need to be revised to reflect changes as necessary.

## 3. Corrective Action and Termination

One of the most difficult facets of supervision is handling inappropriate or unacceptable action or behavior of employees. Corrective action is usually imposed when an employee:

- is abusive, neglectful, or irresponsible toward program participants
- fails to report to work without adequate notice
- does not perform job at the acceptable level
- falsifies time, travel, or other records
- jeopardizes the accountability of the service by carelessness or dishonesty
- jeopardizes the public trust of the service through negligence, carelessness, or unprofessional behavior

- violates the policies or procedures of the provider.

The purpose of corrective action is not to punish an employee, but rather to change behavior. When an employee demonstrates inappropriate or unacceptable actions or behavior, the nutrition director needs to document in writing the exact circumstances, including dates, times, persons involved. It is important to discuss the situation with the employee as soon as possible. The situation should be presented with the focus on facts, issues and policies, rather than on values and opinions.

- Discussion - It is usually productive to discuss the situation on neutral ground in an atmosphere of support and concern. The nutrition director sets the tone and encourages discussion of causes and acceptable solutions. The director shares and clarifies information and observations, and the employee responds and shares reasons and circumstances. The employee needs a clear understanding of expected behavior and changes, time frames, and how the changes will be measured. The director needs to document (in writing for future reference) a statement of the problem, the actions taken, and solutions agreed upon. The employee and the director need to meet frequently to assess the employee's progress and give the employee feedback, positive or negative.

- Corrective interview - If monitoring shows that adequate progress is not made by the employee, a corrective interview may be appropriate. This interview is more formal and more serious than just a discussion. The tone is still supportive, but more firm, and the employee needs to comprehend the importance of the interview, and that changes must be forthcoming. During a corrective interview the nutrition director states deficiencies, outlines needed changes, establishes dates for progress, identifies resources for assistance or training that are available, and indicates the actions to be taken if corrections are not made. Unlike the initial corrective discussion, this is not a two-way discussion. After the interview, the director should provide the employee with written confirmation of the deficiencies, changes, timeline for change, and actions that may result if the situation is not corrected. Frequent monitoring of progress and feedback to the employee is essential.

- Discipline - Discipline is in order when an employee commits serious violations against provider policies or trust (e.g., dishonesty or negligent treatment of a participant). Discipline is the next step after follow-up monitoring has shown a corrective interview to be unsuccessful. After documenting the action, the director needs to discuss the violation with the employee as soon as possible, outlining the violation and any planned disciplinary action. Disciplinary action should be in accord with personnel policies. When the employee is uncooperative, a witness may be necessary during corrective sessions. The potential for legal action by the employee necessitates accurate and complete written documentation of the violation, discussion of the violation, and disciplinary action to be taken.

Determining fair and appropriate disciplinary action is difficult and varies with each circumstance. It is determined by the seriousness of the offense and the history of the employee. For a first offense, entering the incident in the employee's file may be sufficient. For more serious situations, suspension without pay for one to ten working days may be appropriate. If time, travel or telephone resources are involved, repaying the agency may be fair. Placing an employee on notice and monitoring his/her actions is another alternative for inaccurate reports or sloppy work habits. Requiring that the employee turn in frequent progress reports detailing his/her activities may also be appropriate.

- Termination - After several corrections have failed, or an employee has seriously breached agency policy, the director may determine that it is necessary to fire the employee. Termination must be handled in accordance with written personnel policies. Once the decision has been made, it is important to inform the employee immediately in a straight forward way why she/he is being fired, and to provide a written statement of the action, reasons and effective dates. Depending primarily on the personnel policies, and secondarily on the circumstances, it may be appropriate to give the employee two weeks notice, during which time she/he continues to work. For more serious situations, it may be necessary to pay the employee for the two weeks and not allow him/her to return to work. Many providers have personnel policies that state that termination may be immediate for serious causes, such as theft or participant abuse. Frequently, personnel policies are vague in the area of discipline and termination. This is unfair to the employee and to the supervisor. Written guidelines will help all parties take fair and quick decisions and will guard providers against any legal claims of discrimination or unfair treatment by the terminated employee.

## F. TRAINING STAFF

### 1. Assessment of Need

Ongoing training encourages growth and development for all staff. There are many methods a nutrition director can use to assess training needs of staff:

- Obtain training needs by using a questionnaire.
- Solicit staff suggestions on an individual basis.
- Observe staff on the job. Do they perform their duties well? Does performance need improvement? Do they seem tense? (Perhaps stress management training would help.)
- Listen to informal group discussions in staff meetings.
- Note errors and recurring problems that can provide a tip-off to needs which exist.
- Develop a questionnaire on the easiest and hardest, most and least enjoyable aspects of staff jobs. Use this to design training to decrease job difficulty and increase enjoyment.

After training needs are identified the next step is to develop training resources to meet these needs. The nutrition director needs to set aside time to seek out and solicit assistance from the right resources. It is important to meet staff needs through training, counseling, and technical assistance before frustration or tensions build due to lack of needed skills or understanding.

## 2. In-Service Training

In-service training increases an employee's competency by building skills and providing new information. It is an important activity and needs to be ongoing. In-service training may utilize the resources that exist on the staff. Outside resources may also be used, such as consultants or trainers from business and industry.

One successful training technique is to use staff to train others in areas in which they excel. This technique not only builds the capacity of the staff but also serves as an excellent motivator for the employee doing the training. It also demonstrates to other staff that the director does notice and values outstanding work. Another valuable technique is cross-training. Fiscal and programmatic staff, for example, might exchange information about their respective areas. The benefit is a broader understanding and appreciation of total operations.

Whatever methods are used, it is important that in-service training be relevant, frequent, and offer employees the opportunity for growth and job enrichment. Training opportunities need to be provided on a varied schedule so that training does not become dull. For example, a presentation on unit costs or the increase of participant contributions, might be thirty or forty-five minute segments of a staff meeting, or several consecutive sessions of three hours each might be developed on communications skills. Some staff may need to attend workshops of one or more days on program management, fiscal training, or meeting the unique needs of the handicapped elderly. The training plan for the year should include opportunities for training of different lengths and types. The training plan must:

- prepare staff for upcoming job responsibilities (e.g., schedule training on "How to Write Goals and Objectives" before the grant application deadline)
- be scheduled during lighter work periods (not when expansion is underway or budgets are due)
- be scheduled during periods when staff are likely to be most attentive (not during holiday periods or busy senior citizens month activities).

## 3. Training Resources

Resources for staff development are abundant. Some providers arrange for staff to be trained by the staff of other nutrition providers. Regional and statewide training encourages an interchange of ideas. Area agencies and state agencies can identify qualified trainers and provide training programs. Joint training with another community agency can result in improved coordination with that agency, as well as provide staff training. Local business and industry, community professionals, retired professionals, high schools, technical and vocational schools, telephone companies, community colleges and universities, banks, chambers of commerce, hospitals, and health organizations are resources.

While some rural areas may not have these resources, many programs have found resource people from urban areas who have been willing to travel to nearby rural areas, at no cost or for mileage reimbursement.

### 4. Site Swapping

Site swapping is a tool for staff development which allows staff members to face new challenges and responsibilities without changing jobs or disrupting program activities. Site swapping means that one or more site staff move to a different site for a period ranging from a few days to several weeks. It is valuable for the site manager to meet new participants and new challenges. The value to the participants is that each site manager invariably brings some positive new ideas that remain. The program benefits from staff with broader experiences. Nutrition site participants need advance information about and involvement in site swapping plans. It may not be beneficial if a number of participants are frail, confused or if the site is undergoing expansion, relocation, or other changes. The nutrition director needs to be prepared to handle problems that may arise when participants at either site want the temporary site manager to stay.

### 5. Job Swapping

Job swapping allows employees to exchange positions with another employee for a period of time, usually ranging one week to several months. The advantages to the provider include development of a staff with a more comprehensive knowledge of the entire operation and an increased understanding of the interrelationships of positions, and improved employee morale. Sometimes job swapping can help to correct internal problems. The staff member who frequently turns in late reports can swap to have the responsibility of compiling all reports by a deadline. Job swapping can also help the director to assess the potential of an employee. For example, an outreach worker can swap jobs with a site manager, and that provides the director an excellent opportunity to evaluate interest and potential for growth through training and good supervision.

## V. DIRECTING

Directing is the action part of the management process. It is implementing the plans, goals, and objectives through assigning responsibilities, making decisions, and solving problems.

### A. ASSIGNING RESPONSIBILITIES

The title of nutrition director implies the importance of this role in service operations. The challenge is to remain a director, directing other staff through assignments of responsibilities. Many directors become "doers" to get the task accomplished, but over the long-term the director is then limited to tasks that can be personally accomplished. A more successful long-range approach is to continue to broaden other staff responsibilities and resources but to retain supervision.

A manager must allocate staff time to achieve goals. Each staff member needs to understand how his/her performance contributes to meeting these goals. Some basic principles in assigning responsibilities are:

- Clear direction - giving clear assignments
- Teamwork - developing the attitude that all staff members are working for one goal—improved services for the participants
- Talents - taking strengths and interests into consideration when making assignments
- Feedback - maintaining a system of checking for job understanding and informing staff of progress
- Support of staff - providing reinforcement and guidance in carrying out assignments
- Fairness - giving all staff an equitable workload.

## B. MAKING DECISIONS

Decision-making is a part of every employee's job every day. Staff needs to have:

- A clear understanding, preferably written, of lines of authority and levels on which decisions are made. For example, can the site manager order nutrition education pamphlets, or does the purchase order require someone else's signature? Written purchase policies would answer such questions.
- Access to relevant information. For example, sites need information about their budget allocation for nutrition education supplies.
- Guidelines and support from the director as new situations develop. For example, the health inspector unexpectedly drops by to test the food temperatures and tells the site manager not to serve the meat loaf because it is below standard. The director is on the way to a rural meal site. Guidelines can be developed from such out-of-the-ordinary circumstances.
- An understanding of which policies can be waived or changed and who has authority to do so.

The director has the responsibility of deciding what decisions should be made by an individual, by a small group, or by all involved. In general, decisions made by those who will carry them out is most effective.

If implementation of a decision requires action by a group, reaching consensus on the decision increases commitment. In consensus, all group members actively participate in building a decision with emphasis on selecting the best ideas and generating a plan or solution that every member is committed to implementing successfully.

Individual decision-making is best when time is limited. While one individual cannot equal the collective creativity of a group, the individual can solicit help from experts and has the advantage of being able to decide and implement quickly.

## C. SOLVING PROBLEMS

### 1. The Process

Nutrition directors may face from three to thirty different problems daily varying in degree of importance. Using the problem-solving process is good management. Steps are:

- define the problem
- identify several alternative solutions
- select the best solution
- make an implementation plan that asks who, how, when
- implement
- evaluate.

Defining the problem and its causes is important. For example, if a clique of participants is rude and snubbing other participants, one solution is to assign the clique members to other tables. This, however, does not address the underlying cause(s) of the problem (need for security, etc.). To identify the real problem ask, "Why does this happen?"

Selecting the best solution means probing beyond the first action that comes to mind, comparing all reasonable alternatives, and prioritizing them. After selecting an alternative, implementation is crucial, and monitoring and assessment are essential to evaluate how well the problem has been solved.

### 2. Types of Problems

The problem-solving process can be applied to many aspects of nutrition services.

Late reports. Not getting reports on time is a common problem for directors. Find out the reasons from the staff.

Possible reasons are:

- The employee simply does not recognize the importance of the reports. Discussing them and their purpose may solve the problem.
- The employee does not have uninterrupted time to prepare them. A desk at the office might be designated for field staff.
- The system used for capturing the data is confusing. The solution may be to streamline the system.

Involving the employee in identifying and selecting alternate solutions is crucial.

Site Activities. Some sites have problems with activities that are not appealing to the participants. The director needs to consult others besides the staff because they may not be aware of weaknesses in planning. The solutions might be:

- getting more participant involvement

- using new resource people to develop ideas and models

- training for the staff, perhaps by staff from other sites

- monitoring regularly using calendars submitted in advance and participant evaluations.

Personality Conflicts. Interpersonal problems are inherent in human relationships and can be severe problems for directors. They are often caused by unclear roles, or when a person's territory or ego is threatened. In defining the problem, it is essential to interview the parties involved and to observe the basis and extent of their differences.

- The director can take the role of facilitator, while the involved parties develop alternate solutions, and then select the best one and agree to its implementation.

- If the disagreements are over roles, clarifying responsibilities can resolve the problem.

- If the problem is one of values, or beliefs, or ego, training in human relationships often can help. Monitoring the situation would include meeting to discuss progress. The director needs to be supportive while placing responsibility on those involved to move toward more appropriate behavior.

Caterer Problems. Problems with a caterer require identifying the specific problem; for example, menus are not followed, food temperatures do not meet standards, or the food is not delivered on time. The bid specifications and the resulting contract are the basis for discussion. Some suggestions are:

- A system for recording and communicating food service problems needs to be developed jointly. Make a decision as to what problems must be handled immediately and which ones are less urgent. Some providers post a list at each site which is turned in to the nutrition director monthly. The caterer may wish copies of all comments mailed to the office or may prefer to meet monthly with provider staff to discuss the problems.

- Actions to be taken, if major problems are not corrected, should be spelled out in the contract. To facilitate a positive working relationship, the director should notify the caterer before invoking serious action, such as withholding payment for unacceptable meals.

Hopefully, the caterer and the director jointly can identify the problem, agree on a solution, develop implementation plans, and successfully correct the problem. If not, the director must develop alternate solutions to provide meals, such as going out on bid, changing to provider-prepared meals, pre-cooked meals, etc. The decision is then made to implement the best solution.

### 3. Staff Responsibility

For effective management, the director needs to rely on staff to handle most of the problems as they arise. Training, guidance, and staff support is needed to handle problems competently. The director can help staff develop problem-solving skills by:

- establishing written policies and guidelines which include delineation of responsibility and general procedures for handling problems
- providing staff training in problem-solving techniques
- sharing with staff the priorities set by the director
- having a written grievance procedure at each site
- developing written systems to record routine problems, such as food shortages and complaints
- demonstrating preferred methods of handling problems by regularly working through a current problem with staff members
- delegating authority and responsibility
- establishing a climate of mutual problem-solving rather than one of blame and reprimand
- providing positive reinforcement when employees handle difficult situations well, and being supportive, constructive, and instructive when situations are handled poorly.

Staff also needs a clear understanding of the types of problems the nutrition director wishes to handle. Examples are those involving the press, potential legal action, danger to participants, or personality conflicts between the site manager and a participant. While written guidelines help identify these sensitive issues, no policy can cover all the potential problems of a nutrition provider! As a general policy, it is usually better to have a problem referred to the director who can delegate it back to the staff person if appropriate. Following up with staff on how the director handled a problem can help them learn effective problem-solving.

## VI. MANAGEMENT PRACTICES

This section covers five management practices which are specifically relevant to nutrition services. Implementing them gives the manager better control over the service operation which is essential to good service management.

### A. CONTRIBUTIONS

The Older Americans Act, unlike most other federally funded programs, accepts and encourages contributions from older persons who are receiving its services. All nutrition service providers must provide participants the opportunity to contribute. In times of rising costs and inflation, contributions can enable nutrition providers to keep up with food costs and perhaps expand services. Being encouraged to contribute also helps participants to feel that this is their service and that they are partially responsible for its support.

On their initial visit to the site, make participants aware of the opportunity to contribute and answer any questions about contributions they may have. Awareness of the importance and use of contributions also needs to be maintained on an ongoing basis. Advisory councils should discuss contributions periodically, and bulletin boards and newsletters can reflect appreciation for participant response and explain how the contributions received were used.

In discussing contributions, it is important to:

- Set a positive tone to communicate the idea that contributions are an opportunity for individuals to support their site.
- Make it known that contributions are used to expand services to those who cannot currently be reached due to limited funds.
- Counsel older persons about suggested contributions to make sure people understand that there is no means test and that this is a suggested contribution. The regulations allow nutrition service providers to develop a suggested schedule of contributions for various income ranges. The schedule helps older persons determine what their "fair share" might be. It is an excellent idea to involve participants in the development and adoption of the schedule.
- Be sensitive because older people who have limited incomes may not be able to contribute at all, or only minimally (below a suggested amount). These persons should not be embarrassed or made to feel guilty by staff or other participants.
- Make the older person aware that U.S.D.A. food stamps are accepted as contributions for meals.
- Explain how contributions are collected.
- Stress confidentiality because participants will feel more comfortable about contributing knowing it is confidential. A discussion can alleviate fear of embarrassment.

## 1. Collection Methods

Whatever method of receiving contributions for congregate meals is adopted, it is essential that the privacy of the contributors be protected. Some suggestions for receiving contributions include:

- Put a blank contribution envelope at each person's place, or have envelopes available in the cafeteria line and provide a box where they can be deposited.
- Provide a locked, slotted container in an easily accessible location out of the mainstream of site activities so that contributions can be dropped anonymously. Some sites place the contribution box on a card table behind a screen so privacy is assured.

It is helpful to reinforce the older person's right to contribute by the use of visual aides. Some ideas for accomplishing this include:

- a poster, giving the amount of money collected at each nutrition site during the previous week.

This allows each site to measure its contributions against a standard.

- pictures of older people enjoying meals together under a caption, "What does your contribution buy?"
- a newsletter article or brochure explaining the contribution system and what the money is used for. (See the example in Appendix III-C.)

(Collecting contributions for home-delivered meals is described in Chapter V.)

## 2. Institutionalized Participants

Institutionalized older persons who participate at a nutrition site should have the same opportunity to make a contribution as a community-based participant. However, sometimes these participants have no funds of their own to contribute. Nursing homes and similar facilities are normally designed to provide nutrition services to persons residing in the facility, and obligations the facility has to its residents may not be reduced as a result of individuals receiving Title III funded meals. If a facility is not meeting its obligations, it should be consulted.

## 3. Staff, Guests, and Volunteers

According to AoA policy, staff, guests, and younger volunteers may consume a meal only when it will not deprive an eligible older person of a meal. This is to insure that federal funds are used for the purposes intended; that is, to provide meals for older persons. The following guidelines apply:

- Staff, guests, and volunteers sixty and over are considered eligible persons to consume a meal and are to be given the same opportunity to contribute as is given to other older persons.
- Staff, guests, and volunteers under sixty who consume a meal must pay its full cost.

When people volunteer their time, staff naturally want to thank them. When guests visit, staff want to make them feel welcome. The welcome must be done by methods other than giving free meals. Nutrition directors need to be firm about enforcement of federal policy. Posting a sign stating the meal policy for staff, guests, and volunteers can help enforce this policy.

## 4. Accounting and Records

Each nutrition service provider must establish procedures for safeguarding and accounting for all contributions. These procedures will vary depending on such factors as the number of sites, whether the site is rural or urban, etc. Some guidelines for meeting fiscal requirements include:

- Use prenumbered bank receipts in counting daily, total contributions received. This helps keep track of contributions by site.
- Bond all employees responsible for collecting and/or counting contributions (site managers, nutrition directors, etc.).

- Involve participants in counting contributions and signing receipts. That enhances accountability to participants.

- Assign two persons to count contributions.

- Make frequent deposits. This eliminates the problem of having cash on hand for any length of time.

- Provide locked, secured containers to receive contributions at the nutrition site.

### 5. Use of Contributions

The regulations state that contributions from nutrition participants are to be used to increase the number of meals served. This may be accomplished by using contributions to purchase:

- food

- labor to cook, serve and transport meals and clean up after meals

- supplies, such as paper goods, cleaning supplies, and others related to meal service

- building space and utilities needed for expanded food preparation or meal serving

- equipment, such as stoves, refrigerators, steam tables, etc.

The decision on how contributions are spent should be a written policy statement.

## B. RESERVATIONS

A recurring control problem, both programmatic and fiscal, is having too many or too few participants compared to the amount of food prepared. Many sites use a reservation system to solve it. Participants can usually either reserve in person or over the phone. But it is important that older people who do not have telephones, and those who can not use them, are not discriminated against. Special provisions must be made for this group.

Some sites permit reservations only a day in advance. Others allow sign-ups for the following week. Some have a policy allowing participants to have automatic reservations on certain days. One site, under pressure to serve too large a waiting list, decided to reserve three days a week for single people and the other two for married people. The assumption was that there was twice the likelihood that someone in a married household could cook a meal, thus giving single persons higher priority.

No matter how the reservation system is set up, follow procedures to ensure that older persons aren't turned away because they cannot make reservations (telephone or in person), and be sure that newcomers to the site won't be turned away because they are new and didn't know about the reservation system.

Following are three suggested reservation methods and their advantages and disadvantages:

- Prepare one or two extra meals each day in case someone new wants to participate.

  - Advantages - Can be easily accomplished and up to two new persons can be accommodated each day.

  - Disadvantages - Limited ability to serve additional eligible persons; if newcomers do not attend, there may be waste and/ or fiscal loss.

- Each day have a few participants who are willing to volunteer their meals to newcomers.

  - Advantages - Can accommodate a small group of newcomers without a fiscal loss.

  - Disadvantages - Requires active and continual commitment by the participants to serve the target population. Older persons who were expecting to eat a meal may not get adequate nutrition on days they are asked to offer their meal to a newcomer, and the newcomer may feel like "an extra" and/or guilty taking someone's meal.

- Restrict the number of days that regular participants can signup in advance.

  - Advantages - No extra funds are spent and newcomers would be given equal treatment to those regular participants who show up without reservations.

  - Disadvantages - If all the meals are reserved, the newcomer may not receive a meal immediately.

An essential part of a reservation system is support of participants. If they don't feel responsible for the system, they won't support it. The responsibility could be turned over to a well-managed reservation committee to develop a policy and enforce it. The important element is that participants help create the reservation policy.

## C. REPORTING AND DOCUMENTATION

Reporting is an essential aspect of service provision. Federal, state, and local service providers and planners all need documentation of services delivered. They are useful to:

- assess progress toward goal attainment

- account to other service agencies and the public on what is being accomplished

- encourage support and show funding sources what is being accomplished.

Information needed for effective planning can be divided into three basic areas: (1) services provided, (2) service management, and (3) individual participant data. Remembering that service will improve as data is made available to the area agency helps to motivate staff to deliver accurate reports. Nutrition directors can help site managers by explaining where reports go and how they are used. (The reporting section in Chapter III of the companion Nutrition Service Provider's Guide to Site Management may be of assistance in doing this.)

If information collection in a local community is working well, site level staff should be responsible for reporting participant information, and provider level staff should report service level staff should report service management data. This information is then given to the AAA, where the inventory of all services is kept current.

The key to the entire reporting system is timely feedback of pertinent data. In this sense, reporting takes on the scope of monitoring. Nutrition service providers have to continuously pursue information feedback.

Reporting at all levels is a positive exercise which can result in maximizing the use of existing resources, successful resource development, and minimum service overlaps/gaps.

## D. MANAGEMENT INFORMATION SYSTEMS

A management information system (MIS) insures that all the information needed by the manager and other decision makers is available to the right people at the right time in the right form. It is necessary that the information collected is accurate and tells the complete story about service operations.

In designing a MIS, nutrition services providers should seek assistance from their area agency. The nutrition director has two major objectives for the MIS: (1) cut service costs to a minimum while maintaining adequate quality; (2) collect client information which is needed at the federal, state, and local levels. The director needs to know not only what the meal costs but also the funding sources. Related to client information are such questions as: Are we serving an adequate number of the target population? How can we shift to serve those with greatest need?

## E. CONTRACTING

Providers may be in a position to contract for such services as:

- food service
- outreach
- training
- bookkeeping
- consultant time
- insurance
- vehicle lease or purchase for food delivery
- office space
- financial audit
- site locations
- janitorial work
- office equipment

### 1. Procurement Standards

Procurement standards established by the Department of Health and Human Services (under federal regulations Title 45 Part 74, Subpart P) must be followed when using federal grant funds to contract for equipment, construction, and supplies. These standards include specific information for a recipient, code of conduct, free competition, and procedural requirements. The following points are of special importance to nutrition providers:

- A code of standards of conduct that governs the awarding and administration of contracts must be maintained.

- Favors, activities, and goods of monetary value cannot be solicited nor accepted from contractors or potential contractors.

- Selection, award, and administration of a contract cannot knowingly be of financial interest to the employee, officer, or agent.

- Open and free competition shall be practiced to the maximum extent.

- Small and/or minority-owned businesses shall be given maximum opportunity to compete for contracts.

## 2. Deciding to Contract

Some states require competitive bidding for purchases over a certain amount, usually $5,000 or $10,000. In other states it is optional. In most instances federal standards for procuring goods and services with federal funds require formal advertising and competitive bidding for purchases over $10,000. If the competitive bidding process is optional, the decision whether or not to bid should include considerations of:

- cost-effectiveness

- capability to perform a quality service

- long-range goals.

Long-range goals become an issue if a sizable expansion of meals is planned. Although first-year costs will be higher, it might be more cost effective over a three-to-four year period to equip a kitchen and implement provider-prepared meals rather than to contract out the meal service.

Contracting can result in time saving for the nutrition director. The provider is then responsible for food-serving equipment, personnel, quality and quantity control, purchasing, storage, inspections and the other technical aspects of food service. The nutrition director fills the role of contract manager, assessing the provider's performance under the contract. Difficulties arise, however, when:

- Bid specifications are not specific in a certain area.

- Only one bid or no bids at all are received.

- The quality of service is not satisfactory, but it is not poor enough to cancel the contract.

The basic question regarding contracts is: Who can do the best job for the least cost--the provider or a contractor? To make this comparison, as well as to establish the basis for comparing/evaluating bids, providers should develop their own cost estimates with a statement of work. This is relevant for agencies in both urban and rural settings.

Negotiation without formal bids involves clearly identifying the items or services to be purchased, and getting three or more quotes of cost. After careful review and analysis, a contract can be developed and implemented. Federal policy allows the negotiation of contracts when it is impractical and unfeasible to use formal advertising or when the public need will not permit the delay incident to advertising. Negotiation is also appropriate when necessary materials or services are available from only one person or firm. The provider needs careful written documentation in either case because a decision not to use the advertising and bidding process can be challenged in court.

Contracts for personal or professional services, or for any services to be rendered by a university, college, or educational institution do not require advertising and bidding although the provider may use the bid process. Services rendered by a physician, lawyer, or accountant are usually exempt from the bid process also.

If formal advertising and bidding procedures have not resulted in acceptable bids (or any bids), contracts can usually be negotiated. However, state and local laws need to be reviewed before entering into contracts in those circumstances.

Providers in small towns and rural areas may question if a formal system of bidding contracts is necessary. The answer is yes. Even if there is only one prospective service provider, the value of clear, written specifications and contracts remains. The bid process can help the provider avoid local criticism and political pressures. It can also enhance the provider's image of accountability by demonstrating that procurement procedures are open, objective, fair, and handled in a competent, professional manner. Request for proposals may attract new contractors from outside the local community.

### 3. Writing Requests for Proposals

The first step in contracting for services is writing the request for proposals (RFP) or the specifications. The RFP or specifications should describe to potential contractors the service that is desired, the quality that is expected, the procedure required to submit a proposal to provide the service, and the proposal evaluation criteria that will be used (including relative importance given to cost vs. technical considerations). Although a nutrition provider might contract for services such as training, building maintenance, or site management, most of the available funds are spent on food service operations. The basic principles for writing food service specifications can be applied to other specifications or other requests for proposals. (See Appendix III-E.)

Basic steps in writing food service specifications are:

- Obtain information about federal, state, and local laws that govern the purchasing procedure. Follow the prescribed procedures carefully.
- Outline the food service system, including every detail that is necessary for the successful operation of the system.
- Write the specifications for food, equipment, services, etc., in a

simple and direct form. Do not try to make them sound legal.

- Review the competition specifications to ensure that they do not limit qualified vendors; they do not contain unnecessary and costly requirements; and they contain necessary details.

- Obtain the services of a qualified attorney to review the specifications to ensure that all legal requirements are met.

- Follow the written purchasing procedures and the laws that govern the nutrition provider in advertising and distributing the specifications.

The goal of the competitive bid process is to choose the vendor (supplier of goods and/or services) who can provide the best service at the lowest cost. Therefore, it is imperative that the specifications describe the exact item(s) or service that is required. Every requirement that will be made of the vendor who receives the contract should be included in the specifications. For example, do not assume that if coffee is purchased from the vendor, cream and sugar will be supplied. Vendors bidding for the contract will appreciate detailed specifications because costs will be easier to compute.

There are many combinations of services that may be contracted from food service vendors. Some are:

- meals with disposable supplies delivered to sites or picked up by provider

- hot food for meals (provider supplements meal with cold dessert, milk, bread, and margarine)

- meals prepared on site (provider provides preparation facilities)

- basic meal (provider picks up meals, provides own tableware, etc.)

- meals plus other services (vendor provides in-home meal equipment, cleans and maintains food service equipment at site, trains site managers, provides nutrition education, etc.).

The cost of each service included in the specifications should be considered. Every requirement represents a potential increase in the cost of the meal. Compare the cost (actual or estimated) of provider service with the cost of contracting for the service before the work requirement is added to the specifications. For example, would it be less expensive for the food service vendor or the provider to train those who serve the food?

Specifications may be written that require vendors to bid on various services separately. For example, prices per meal may be requested for a basic meal, for disposables, for tea or coffee, and for delivering the meal to the sites. The nutrition director can then choose which services should be purchased through contract and which would be provided by the provider.

Describe desired services quantitatively whenever possible. For example, indicate the amount of liability insurance the vendor must carry for each type of claim.

A pre-bid conference of all interested vendors is helpful in clarifying unclear parts of the specifications. Vendors can ask questions and provide more realistic bids. They may want clarification on evaluation criteria and how the cost vs. technical specifications will be weighted. Vendors should submit questions in writing and the provider should answer in writing. Questions should not be accepted by telephone. Procedures for submitting questions should be included in the specifications.

## 4. Evaluating Proposals

The provider needs to develop clear and measurable criteria against which all proposals are evaluated. It is helpful to develop these criteria before any bid responses are received. These criteria, frequently published, should be applied before any budget analysis and comparison are begun. The criteria would include:

- all specifications in the request for proposals
- capabilities and performance record of the provider
- qualifications of proposed staff (or job descriptions)
- financial statements
- references and other relevant factors
- cost
- relative weighting of criteria.

Should a proposal not meet all specifications listed in the RFP, the provider must review the legal aspects of considering it further. If some proposals meet all requirements of the RFP, those that do not would not be considered further. If none meet all requirements, the evaluating team could decide to consider a proposal further, provided that all bidders were given equal treatment.

It is standard procedure for RFP's to state that all proposals or bids are to be received sealed and by a deadline, usually a particular time on a specific day. The opening of the proposals is public, with witnesses present. In some cases RFPs require that programmatic and budget sections be delivered in separate sealed envelopes to facilitate programmatic evaluation without the prejudice of cost. Separating programmatic from budget sections allows a more objective analysis of the programmatic aspects of the bid.

Evaluation of the proposals should be by a team which acts as quickly as possible after the bids are opened. An ideal team would include the nutrition director, one to three members of the grantee governing body and advisory council, one or two provider staff, and AAA representation, if appropriate. Each member evaluates the programmatic sections of the proposals independently and ranks them according to the established criteria. Rankings are then discussed and final consensus reached. The next step is to evaluate the fiscal sections using the same process. Although the low bidder is usually preferred, the team compares the programmatic ranking with the budget ranking and analyzes the best overall bid. Minutes of the meeting should be retained as a matter of accountability and in case of legal challenge. In some cases, the committee has the authority to make the decision. In other cases, the committee does not make a final decision but forwards the top one, two, or three recommendations to the governing body which makes the final decision. It is appropriate to contact the contractor to arrange a formal negotiation meeting and contract signing, but not to congratulate the potential contractor. Rejected applicants should receive written notification.

## 5. Negotiating Contracts

One way to simplify the contract negotiation process is to attach the contract form to the request for proposals or bid specifications. This allows the bidder to consider the cost and programmatic implications of all contractual requirements in the preparation of the proposal.

Issues may still need to be negotiated before the contract is signed. It is essential to protect the integrity of the bidding process by:

- determining all substantive issues through the open bid process
- considering the bidding process still open and in effect, and giving all bidders equal information and fair treatment until a contract is actually signed.

Sometimes the contractor makes concessions to the provider during the negotiating process and the provider needs to capitalize on this opportunity. Negotiation might include:

- a commitment by the contractor to hire older persons
- commodity inventory procedures
- food delivery patterns
- frequency of meetings and training with provider/contractor staff.

In negotiating the contract, the provider's negotiator (whether the director or a designee) needs to be skilled in negotiating, and shrewd and knowledgeable about provider needs. Before the contract is signed, the nutrition director and the contractor are in adversary roles. The provider needs to get the most service of the highest quality for the least money. The contractor may place a higher priority on cost-effectiveness. Negotiating these needs into a contract acceptable to both parties is a challenge. Basic to the negotiating session are:

- a written list of the issues to be negotiated
- a clear understanding of the ideal contract, as well as on the items which are negotiable
- as much knowledge about the contractor as possible. (Is this a first catering contract? Will it "save" their restaurant business?)
- understanding of the other side's objectives
- awareness of political ties and pressures.

## 6. Implementing Contracts

It is essential to have an implementation meeting involving all key staff to develop contract implementation plans. Typically, such a meeting would involve:

- the provider staff, from the site(s) and from central office who will work with the contractor

- contracting personnel, including designated manager of the contract, consulting dietitian, cooks, and drivers delivering the meals.

The implementation meeting is several hours long and has several items on the agenda:

- thorough presentations of the contract, including the costs involved
- elaboration of goals and objectives of nutrition services
- dry run through the contract process, from the purchase of food to serving meals
- discussion of potential problems and problem-solving techniques
- clarification of roles and responsibilities of provider and contractor staff
- procedures for information flow, such as reports and problems
- discussion of decision-making authority for recurring issues, such as menu substitutions, delivery problems, food shortages, and invoice approval
- determination of timetables, methods of monitoring, and feedback process.

Minutes of the meeting need to be written and distributed to all those attending as soon as possible.

## 7. Controlling Contracts

After the contract is signed, the provider enters into the role of contract manager.

Contracts must be monitored on an ongoing basis, using a standard, written format. The format can be a checklist, or one or two narrative paragraphs, but the monitoring needs to be documented in writing. The objectives, tasks required to meet the objectives, timetables, as well as opinions from participants, advisory council, and staff should be reviewed. (See Monitoring in Chapter VII.)

Spot-checking contractors is wise administration and is a responsibility of the director as a contract manager. It might include observing platewaste at a site or testing temperatures of an in-home meal. Formal and informal participant evaluation is also valuable. The director, who is frequently at meal sites, will have many opportunities to assess the everyday performance of the contractor.

## 8. Closing Out Contracts

In closing out contracts, the nutrition director needs to review the contract conditions and ensure that they were met. Routine reports, inventories, invoices, ongoing monitoring reports, and interviews with staff and participants can be utilized.

An official closure meeting is important, even if a renewed contract with the same contractor is being implemented. This meeting provides an opportunity for each party to identify how services can be improved during the next contract.

Prior to the meeting, re-read the contract. Determine if all contractual obligations were fulfilled and if the objectives of the request for proposals or contract were met. Based on the results of evaluating the current contractual performance, the director gains knowledge about specific areas to consider in future requests for proposals and contracts.

Problems that occurred need to be identified and tracked to the source:

- Was the request for proposals vague on this point?
- Did the evaluating committee overlook this item in its review?
- Did the contract fail to specify adequate details?
- Did the contract misjudge costs or capabilities?

The contracting process is one that is improved by experience. The quality of that improvement is assured by a thorough review of problems and their causes.

### 9. Subcontracting Sites

Some nutrition service providers subcontract the operation of individual sites. This is possible when there is a local organization, or other corporate body, willing to assume the responsibility. Two models can be used: (1) the local subcontractor may be responsible for site operation, including meal service, only after the meals arrive at the site. The provider retains the contractual tie with the meal subcontractor; (2) the local subcontractor has responsibility for meal preparation, whether it is prepared by staff or others, as well as other aspects of site operation.

If the provider holds the food contract, the entire procurement process is centrally controlled and larger food service companies tend to end up as suppliers. Often this permits cost savings. A disadvantage of this arrangement can be that the meals will probably not be prepared locally, and the quality may not meet the participants' expectations.

Subcontracting the entire operation to a local organization retains more local control and is often preferred. A problem can arise, however, if procurement and monitoring procedures do not control quality, and standards falter. If a nutrition service provider can provide technical assistance to the local organization, this model may be the most desirable. A formal fiscal procedure for reimbursement is essential for all such subcontractors.

## VII. FISCAL ACCOUNTABILITY

Fiscal accountability is accurate documentation for every penny the provider receives and expends, plus documentation of what expenditures were not only allowable, but prudent, economical, and in the best interests of the recipients of service and the public.

Fiscal accountability is essential. It is not an option—it is a mandate.

Fiscal accountability is based on a detailed accounting system supported by:

- a sound budget
- a qualified, well-trained, conscientious fiscal staff
- written purchasing policies and purchase order systems
- written personnel policies and time and leave records
- written financial management procedures
- written travel procedures and records
- internal control systems for contributions, supplies, and long-distance phone calls
- accurate, timely reports to funding sources.

Unit cost development, an essential component of sound management, is facilitated by fiscal accountability.

The prudent nutrition director never relies solely on staff reports and assurances that fiscal accountability is in place. Information from staff needs to be supplemented by knowledgeable, independent reports, such as an annual audit by a certified public accountant and periodic fiscal monitoring reports by state and/or area agencies. Audit expenses should be included in the agency budget.

The full value of accountability is not derived until the community is informed about the sound fiscal management. Providing monthly or quarterly financial and programmatic reports and copies of annual audits to funding sources and local elected officials is one excellent method. Developing unit costs on a quarterly basis and informing the public of them is another impressive technique. Circulating bid specifications, routinely asking for and documenting quotes on items not bid, and checking surplus property lists demonstrate a commitment to secure the best quality at the best price.

Fiscal accountability requires constant monitoring. The nutrition director cannot assume that establishing sound policies and procedures assures accountability because they do not. Day-to-day attention to detail is required.

For an in-depth understanding of nutrition service accounting and related financial management, see the companion manual entitled Nutrition Service Provider's Guide to Accounting and Financial Management.

## A. BUDGETING

Budgets are projections, plans for expending funds directly which are related to programmatic plans. Budgets are also the most meaningful policy and priority statements. To state that preference will be given to socially or economically needy older persons is meaningless if funds are not budgeted for outreach and nutrition sites in their neighborhoods. To express appreciation for quality staff means nothing if salaries and fringe benefits are not competitive. Nutrition education objectives are good, but do they have budget support? The budget determines the scope of the service and establishes the extent to which policies and priorities will be implemented.

Fiscal reports need to be timely and accurate. The reports are a useful management tool to:

- compare financial expenditures to date with the approved budget
- analyze financial expenditures to date in relation to service activities (number of persons served and units of service provided)
- assess unit cost projections versus actual unit costs
- develop corrective action plans if serious discrepancies are found
- enhance the accuracy of future planning.

## B. GOVERNING BODY RESPONSIBILITIES

The governing body has ultimate responsibility for the nutrition budget. Financial responsibility needs to be monitored closely by the governing body. While day-to-day fiscal activities are delegated to the nutrition director and fiscal staff, the basic responsibility of the governing body cannot be delegated. It exercises its responsibility by:

- reviewing and approving the budget and any revisions to be submitted for funding
- signing a contract with the area agency or other funding source that legally initiates the funding relationship
- reviewing carefully monthly and quarterly receipts and expenditures
- developing sound financial management policies and periodically monitoring their implementation
- analyzing all monitoring reports on fiscal and programmatic aspects of the service
- contracting with a certified public accountant to audit the accounts
- conducting an annual evaluation of nutrition service operations, including fiscal.

# VIII. ADVISORY COUNCILS

Advisory councils are not required by law, but they may be established to assist the agency's governing body, the nutrition director, and other staff. Developed at the provider and site level, advisory councils can provide an opportunity for participant input concerning nutrition services.

## A. MEMBERSHIP

Membership will vary according to the needs of the agency, but typically, advisory councils have fifteen to thirty members, although the larger groups tend to be less productive. All members are voluntary, and a good balance is to have just over half be recipients of nutrition services. Non-participant members act as consultants at no charge, and may include elected officials and representatives of service agencies. Members are usually elected for a one- to three-year term.

## B. BYLAWS

Bylaws are usually developed by a committee and adopted by the total membership. They provide written guidelines for operating the council, selecting members, tenure of members, electing officers, and filling vacancies. Officers are usually elected for one-year terms.

Councils that schedule meetings function most effectively. Some meet only quarterly, but monthly meetings are recommended if the council is to play a key role in service planning and implementation. (See Appendix III-E for a sample bylaw format.)

## C. FUNCTIONS

The overall function of the advisory council is to assist staff by providing input on a variety of topics. Specific functions may include:

- sitting on other community boards and councils
- doing advocacy for older persons
- supporting staff
- doing community relations
- sharing successful ideas and activities among sites
- raising problems
- suggesting solutions to problems
- identifying needs and suggesting ways to meet them
- giving input into and approving menus
- interviewing applicants and making recommendations for staff positions
- advising the nutrition director and agency governing body on policy
- coordinating among sites
- reviewing locations of new sites
- monitoring contracts and site operations
- doing outreach
- recommending site operating hours
- raising funds for non-federal share
- developing strategies to increase program income
- setting suggested contribution amount(s).

## D. RELATIONSHIPS

The council usually is created to advise the nutrition director. Depending on the preference of the director, the council may also advise other staff, usually by the use of committees. Some operations use the council to advise the agency governing body rather than the staff. This gives them a more direct link to those who make final decisions. An advantage to having the council advise staff directly is that staff deals with more of the day-to-day specifics of the service. It is important to identify the relationship of the council to both the staff and the governing body in order to make sure that everyone perceives the relationships in the same way.

## CHAPTER III
# APPENDICES

III-A. REFERENCES

III-B. NEW EMPLOYEE ORIENTATION CHECKLIST

III-C. CONTRIBUTION EXPLANATION SHEET

III-D. FOOD SERVICE CONTRACT SPECIFICATION

III-E. NUTRITION ADVISORY COUNCIL BYLAWS

# APPENDIX III-A

## REFERENCES

Analysis of Food Service Delivery Systems Used in Providing Nutrition Services to the Elderly, Preliminary Report. USDHHS, Washington, D.C., 1981.

Community Nutrition Institute. Contract Management. Washington, D.C., CNI, 1976.

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The Home-Delivered Meals Program: A Service Delivery Assessment, Preliminary National Report. Office of the Inspector General, USDHHS, Washington, D.C., 1981.

United States Goernment Printing Office. Manual of Award Procedures. USDHHS, Washington, D.C., 1975.

# APPENDIX III-B

## NEW EMPLOYEE ORIENTATION CHECK LIST

Each new employee will be given an orientation based on this check list. On the first day of duty, the Central Office will send two copies of the check list to the job supervisor. The supervisor will then fill out the form by placing a checkmark by each item covered with the new employee during the orientation. (All items should be covered). The employee and supervisor will then sign and date the form. One copy will be given to the employee and one copy sent to the Central Office to be placed in the employee's file.

### A. Explain the Work of the Unit

_____ Explain the mission of the nutrition service
_____ Describe the organization
_____ Indicate the position in the operation of assigned unit
_____ Explain relation of the work to that of other employees
_____ Introduce to coworkers and personnel in other offices, to the extent practicable

### B. Explain Rules and Regulations

_____ Punctuality and attendance-where and how to report
_____ Leave-how to make application for sick leave and other absences; where, whom, and when to call in reporting unexpected absence; special work operations affecting requests for absences
_____ Paycheck - how distributed
_____ Lunch periods - cost per meal, etc.
_____ Use of telephone - Manner of making and receiving official calls, restriction of personal calls; unauthorized long distance calls
_____ Safety and security measures in effect

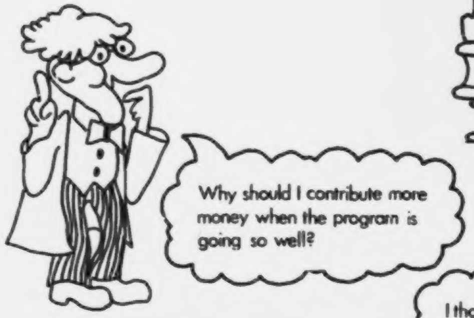
### C. Explain Duties

_____ Assign to work site
_____ Review duties-provide a copy of job description
_____ Explain work standards
_____ Name supervisors to whom to report
_____ Advise specifically to whom to go for help and under normal circumstances and also in the absence of the designated person
_____ Thoroughly explain the use and interpretation of forms used in the job
_____ Explain overtime regulations
_____ Explain proper procedure for making contacts with participants
_____ Stress the need for proper decorum and for keeping the public interest in mind
_____ Point out the importance of prompt and courteous replies to inquiries

Submitted by: El Paso City-County Nutrition, El Paso, Texas

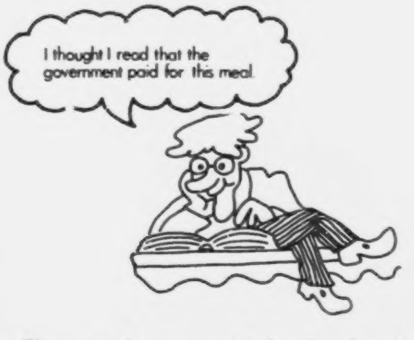
APPENDIX III-C

# WHY SHOULD I MAKE A CONTRIBUTION FOR MY MEAL?

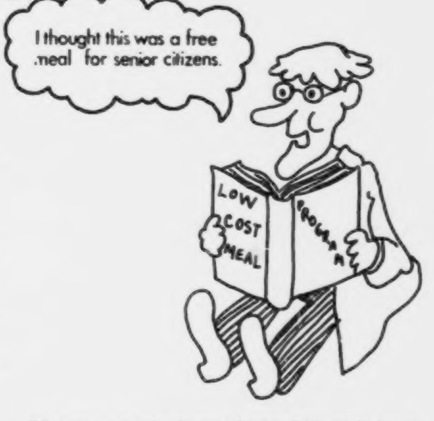

Why should I contribute more money when the program is going so well?

1. With prices of food and gasoline increasing, the program will need more money to serve the same number of meals this year that were served last year.

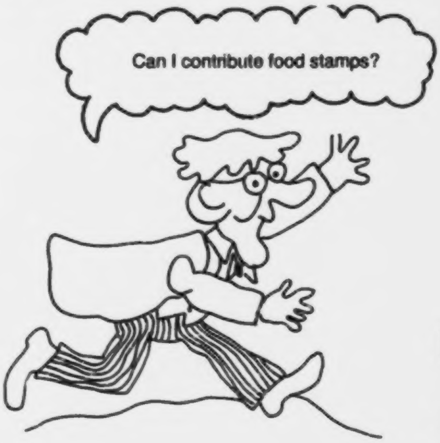
2. Even though you and your friends enjoy the program, there are many older adults who cannot attend a site because there is not enough money to provide additional meals. It seems fair that those persons who can afford to, should contribute to the program so that other persons can also enjoy the program.


I thought I read that the government paid for this meal.

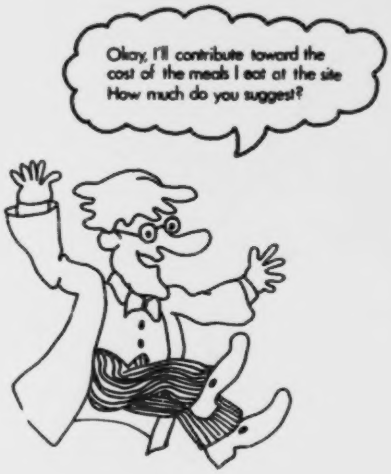
The meals are paid for by funds from the federal, state and local governments. Contributions are also made by persons who participate in the nutrition program. Last year $178,000 was contributed by older persons in northwest Ohio.


I thought this was a free meal for senior citizens.
LOW COST MEAL
PROGRAM

Many people have heard that it is a free meal program. However, it is actually a low cost meal program.


Can I contribute food stamps?

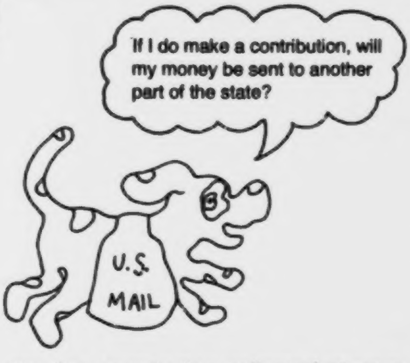
Yes, food stamps are accepted at the site just like money. Just put the food stamp in the envelope for donations.


Okay, I'll contribute toward the cost of the meals I eat at the site How much do you suggest?

Each person is asked to contribute whatever he or she can afford. If each person doubles his or her contribution, this would increase contributions by $178,000. This additional money would purchase 475 additional meals daily in northwest Ohio. This means for:

E.O.P.A. - 309 meals daily
W.S.O.S. - 104 meals daily
N.O.C.A.C. - 62 meals daily

Each 1¢ increase in the average daily contribution provides about 6 additional meals per day in northwestern Ohio.


If I do make a contribution, will my money be sent to another part of the state?
U.S. MAIL

No, the contribution collected at your site will be deposited in an account in a local bank. They will be used in the program in your area — to provide meals to you, your friends and neighbors.

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## APPENDIX III-D

## FOOD SERVICE CONTRACT SPECIFICATIONS

The following items should be included in the development of a food service specification checklist. Since all of the items may not apply to every provider, a checklist should be developed to meet specific needs.

I. Bidding Procedure Documented

    A. Formal advertising
    B. Sealed bid
    C. Public opening
    D. Procedure for evaluating proposals
    E. Efforts to utilize small businesses and minority businesses
    F. Instructions concerning content of bid or proposal
    G. Procedure for vendors asking questions concerning specifications
    H. Method of evaluating proposals/bids to determine who will receive contract
    I. Right to refuse any or all bids

II. Provisions for Inadequate Service and/or Termination

    A. Provision for administrative, contractual or legal remedy if contractor violates or breaches contract terms
    B. Provision for method of appropriate sanction or penalities
    C. Provision for service provider to purchase meals and charge expense to contractor in the event of nondelivery
    D. Provision to withhold payment for food that does not meet specifications
    E. Criteria for acceptance and/or rejection of products and services
    F. Termination by grantee privilege
    G. Manner in which termination will be effected by grantee, including number of days notice to be given
    H. Termination by grantee due to contractor default
    I. Termination by contractor
    J. Manner in which termination will be effected by contractor, including number of days notice to be given

III. Compliance with Equal Employment Opportunity Requirements

IV. Records/Facilities Inspection

    A. Provision that all records relating to the contract, including those applicable to USDA food, will be made accessible for review or audit to all applicable persons

1. nutrition service provider personnel
2. area agency personnel
3. state agency personnel
4. USDA food distribution personnel
5. HHS personnel
6. GAO personnel

B. Provision that contractor will retain records for auditing purposes for appropriate length of time (3 years)
C. Provision that contractor will provide reports to service provider indicating raw food costs and labor costs
D. Provision for appropriate persons to inspect preparation, storage, packing, and transporting of food to determine compliance with contract

V. General Provisions

A. Definition of terms
B. Beginning and ending date of contract
C. Total number of meals
D. Approximate number of meals at each site
E. Minimum number of meals at each site
F. Site name(s)
G. Site address(es)
H. Provision for relocating existing sites
I. Identification of site personnel authorized to sign delivery receipt
J. Time of meal delivery (service providers in two time zones should indicate which time zone)
K. Responsibility for cancellation of meals due to bad weather
L. Contingency plans for such things as natural disasters, employee strikes, etc.
M. Performance bond or statement of net worth of company indicating ability to cover cost of serving food in case contractor defaults
N. Prices requested in bid
O. Method for adjusting price
P. Required on invoice
Q. Training to be provided by vendor
R. Site visits to be made by vendor

VI. Sanitation Standards

A. Compliance with all local, state, and federal requirements governing food sanitation
B. Procurement and posting of all licenses, etc., as required by law
C. Temperature requirements to be met to last point of contractor control
D. Number of copies of menus to be provided
E. Length of menu cycle

F. Frequency of menu revisions
G. Number of menu substitutions acceptable or procedure for handling substitutions
H. Compliance with one-third RDA
I. Sample menu or menu planning system
J. Responsibility for transporting food
K. Method of delivery (bulk or preplated)
L. Minimum quality of food to be used
M. Availability of recipes to appropriate person
N. Special diets to be provided
O. Meals for special occasions (e.g., picnics, holidays, birthday parties)
P. Maximum time food may be in transport
Q. Maximum time food may be kept in heat-retaining equipment from the time it is prepared until noon (or other appropriate serving time)

VIII. Equipment, Disposables, Condiments

A. If bulk delivery, who provides utensils and equipment
B. Who provides transportation equipment
C. Who provides home delivered meal equipment
D. Specifications for all equipment (should be approved by National Sanitation Foundation)
E. Who provides disposables
F. Specifications for disposables
G. Who provides condiments
H. Specifications for condiments (e.g., amount in individual packages, iodized salt, etc.)
I. Who provides food service thermometers for sites
J. Specifications for food service thermometers
K. Who provides optional beverages
L. Specifications for optional beverages
M. Who provides special utensils for handicapped persons
N. Specifications for special utensils
O. Who provides site equipment such as refrigerators, steam tables, etc.
P. Who services equipment at site
Q. Who is responsible for repair or replacement of contractor's equipment when it is at the site
R. Who provides cleaning supplies, garbage can liners, etc.
S. Specifications for cleaning supplies

IX. USDA Food or Cash

A. To vendor on type and amount of USDA food that will be used in the meal
B. Contractor responsibility for compliance with all regulations
C. Contractor responsibility for utilization of foods and for record-keeping
D. Contractor responsibility for using foods only for purpose of this contract

E. Method of providing credit for food to service provider
F. Method of determining value of USDA foods
G. Responsibility for receiving, transporting, and storing food
H. Responsibility for obtaining and/or developing recipes for using USDA foods
I. If service providers choose to receive cash in lieu of food, requirement that adequate amount of food served under this contract is of United States origin

X. Claims Against Contractor

A. Contractor protection of service provider against loss or damage (including cost of litigation) caused by contractor
B. Contractor will defend suit against service provider alleging injury or property damage during the transporting of food
C. Minimum amount of liability insurance protection contractor must carry
D. Service provider will notify contractor in writing of claims against contractor
E. Service provider will not settle claim without consent of contractor
F. If contractor refuses or neglects to defend claim, the service provider may defend and charge costs to contractor

XI. Additional Items for Contracting for On-Site Preparation

A. Responsibility for improvement and alterations of facility
B. Responsibility for providing equipment, materials, and supplies
C. Responsibility for preventive maintenance of building and equipment
D. Responsibility for equipment replacement and repairs
E. Inventory record requirements
F. Responsibility for exterminator services
G. Responsibility for custodial services
H. Responsibility for garbage removal and trash disposal
I. Responsibility for utilities, water, and telephone costs
J. Responsibility of employee selection, placement, etc.
K. Responsibility for employee uniforms

Note: These specifications are adapted from materials from South Carolina and Pennsylvania.

# APPENDIX III-E

# NUTRITION ADVISORY COUNCIL BYLAWS

## (SAMPLE)

## Article 1
## Responsibilities of the Council

It shall be the responsibility of the Council to advise the Nutrition Provider on all matters relating to the delivery of nutrition and supporting social services throughout the nutrition service area, to assist in establishing nutrition service objectives, and to have approval authority over decisions related to:

1. Setting of suggested fee schedules;
2. Approval of general types of menus that meet required nutrition standards;
3. Days and hours of operations; and
4. Decor and furnishings at the meal site.

The Advisory Council shall advise the provider in all other matters related to the delivery of nutrition and supporting social services, including:

1. Selection of paid staff and volunteers;
2. Preparation of operating budget;
3. Evaluation of effectiveness and achievement of objectives;
4. Existing and proposed services offered by the provider; and
5. New congregate meal site selection.

(Specific statements regarding other responsibilities may be added.)

## Article 2
## Composition

1. Council Membership

a. More than one-half of the Council membership shall be nutrition participants. Each congregate meal site will elect representatives to the Council.

b. The remainder of the Council members must be broadly representative of major public and private agencies and organizations related to aging in the provider area, local government officials, and other persons who are knowledgeable and experienced in the special needs of the elderly.

c. Membership of the Advisory Council, other than elected participants, are to be selected or appointed to the Council by the recipient of the grant or its authorized representative. These appointed members to the Project Council have the same rights and responsibilities as those members elected to the Council.

2. The Council shall consist of _______ members. (To be determined by the State Agency and the Nutrition Service Provider.)

3. The governing body or Board of Director's Executive Committee shall serve as ex-officio members of the Council.

4. (Designated fraction) of the Council shall be elected or appointed in _________ of every year for a term of _________ year(s) beginning the following January 1st, except during the initial establishment of the Council.

5. Any member who is absent for _______ consecutive meetings without a valid excuse, as determined by the total Council membership, shall be automatically suspended from the Council.

### Article 3
### Site Councils

Participants may, with the concurrence of the Nutrition Director, establish Site Councils in addition to the Nutrition Provider Advisory Council. (Site Councils are recommended for Nutrition Service Providers that cover a large geographic area and/or have a large number of congregate meal sites.)

### Article 4
### Filling of Vacancies

The Nutrition Director or his designee, or the Officers of the Council or any member of the Council, may recommend prospective members to the Council for screening by the Council for eligibility to membership in the Council.

### Article 5
### Meetings

1. The Advisory Council shall meet _______ at a time and place agreed upon by the Council members. (To be determined by the State Agency and the Provider Advisory Council)

2. The Annual Meeting of the Advisory Council for the purpose of electing Council officers, shall be held on ______________.
(day, date, etc.)

3. The President may call other meetings as deemed necessary, provided __________ notice is given to all members in writing. (days)

III-E-3

## Article 6
### Officers

The Council shall elect from its members the following officers: President, Vice-President, Secretary and Treasurer (optional).

## Article 7
### Election of Officers

The Council shall hold nomination and election at the Annual Meeting in __________ of each year. Maximum publicity and notices of election shall be posted in appropriate locations throughout the provider area at least _________ weeks prior to such election. All officers elected shall assume office at the __________ meeting.

## Article 8
### Duties of the President

The President of the Advisory Council shall preside at all meetings of the Advisory Council. He or she shall call special meetings of the Advisory Council, with prior notice given, when necessary. The President of the Council shall appoint all Committees with the approval of the Advisory Council, and shall be an ex-officio member of all Council Committees.

In case of death or resignation of any officer, the President shall recommend a replacement to the Council for confirmation.

## Article 9
### Duties of the Vice-President

The Vice-President shall preside and perform the duties of the President and shall perform all other duties that may be assigned to him by the President.

## Article 10
### Duties of the Secretary

The Secretary shall keep the minutes of the Advisory Council in a book or books provided for this purpose and shall perform such other secretarial duties as may arise from time to time as may be directed by the Advisory Council.

## Article 11
### Duties of the Treasurer

Should the Advisory Council choose to utilize the office of Treasurer, the officer shall collect, deposit, and keep records of all monies donated to or collected by the Advisory Council. These funds, however, must be exclusive of and separate from nutrition provider funds.

## Article 12
### Suggestions and Grievances

A. All grievances and suggestions of participants brought to the attention of the Advisory Council shall be referred to the Grievance Committee for its discussion and recommendation to the Council.

B. The Grievance Committee shall be composed of: The President of the Advisory Council; a participant not on the Council; the Nutrition Director and a member of the governing body or the Board of Directors, where such a board exists.

## Article 13
### Council Advisory Committees

Council Committees may be established to assist the Council in the discharge of its responsibilities.

Committees may be selected appropriately from the following, or combinations of the following:

1. Fees, Menus, Schedules and Decor;
2. Staff, Budget, and Evaluation;
3. Outreach Activities;
4. Transportation and Escort Services;
5. Information and Referral and Health and Welfare Counseling Services;
6. Nutrition Education, and Shopping Assistance;
7. Recreation Activities;
8. Professional Advisory;
9. Hosts and Hostesses;
10. Sunshine;
11. Ways and Means;
12. Newsletter; and
13. Grievance.

The specific advisory responsibilities of Council Committee members are: The Chairman of each Committee shall be a member of the Council; Committee members shall be nonCouncil members, wherever possible.

## Article 14
### Plans and Activities

It shall be the duty of the Council to recommend, and approve where appropriate, plans and activities in consultation with the Staff.

## Article 15
## Amendments

Amendments to these Bylaws shall be submitted to the Council in writing and shall have the First Reading at the next regular or special Council meeting. The Second Reading of the proposed amendment(s) will be held at the following Council meeting, at which time, adoption of the amendment(s) shall require a 2/3 (two-thirds) vote of all Council members present at the meeting. All amendments to the Bylaws shall be approved by the Nutrition Director and the governing body.

Taken from: Oregon State University; Guide to Effective Operations, Appendix I-3, Corvallis, Oregon, Oregon State University, 1973.

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# CHAPTER IV

## CHAPTER IV

# THE FOOD SERVICE SYSTEM

I. ASSESSING THE FOOD SERVICE SYSTEM

    A. ANALYZING MEAL COSTS
    B. ANALYZING MEAL QUALITY

II. ALTERNATIVE FOOD SERVICE MODELS

III. SETTING UP A KITCHEN

    A. LOCATING AND REMODELING
    B. SELECTING AND PURCHASING EQUIPMENT

        1. Prepurchase Questions
        2. Specifications

    C. KITCHEN EQUIPMENT

        1. Refrigerators
        2. Freezers
        3. Steam Jacketed Kettles
        4. Food Mixers
        5. Ranges

    D. TRANSPORTING EQUIPMENT

        1. Electrical Equipment
        2. Insulated Equipment

IV. SELECTING DINNERWARE

V. ESTIMATING STAFFING NEEDS

VI. MANAGEMENT PROCESSES

    A. PURCHASING FOOD

        1. Open Market Buying
        2. Sealed-Bid Buying
        3. Cost-Plus or Contract Buying
        4. Co-op Buying
        5. Purchasing Method Questions
        6. Specifications
        7. Vendors

B. RECEIVING FOOD

C. STORING FOOD

   1. Storage Guidelines
   2. Inventories

D. PLANNING MENUS

   1. Recommended Dietary Allowances
   2. Factors in Menu Planning
   3. Cycle Menus
   4. Planning Methods
   5. Special Menus

E. PREPARING FOOD

   1. Standardized Recipes
   2. Conserving Nutrients
   3. Tips on Savings

F. SERVING MEALS

   1. Appropriate Temperature of Food
   2. Table Service Methods
   3. Portion Control
   4. Attractive Meals
   5. Mealtime Climate
   6. Meal Reservations

G. CONTROLLING COST

   1. Cost of Leftovers
   2. Energy Costs
   3. Labor Costs
   4. Available USDA Commodities

VII. SANITATION

   A. Sanitation Procedures On-Site
   B. Sanitation Procedures for Contracted Food Service
   C. Comprehensive Sanitation and Food Handling Procedures

VIII. SAFETY

BEST DOCUMENT AVAILABLE

# CHAPTER IV
# THE FOOD SERVICE SYSTEM

Whether the manager is new or is starting a service new to the community, the key to success will be the approach to the decision-making process, particularly in regard to the food service system. Managers make decisions in two ways: by waiting for the need to arise or by anticipating the need. This chapter is designed to help managers identify food service decisions they should anticipate and to help them acquire the necessary information by asking appropriate questions.

Food service managers need to know the answers to two major questions. The first question is "What questions should be asked?"

Ask questions about food cost because the answers will determine how many people can be served. Ask questions about food quality because the answers will determine if the people you serve are receiving the services they need. And ask questions about what to do as a manager and how to use time because time is your most valuable possession.

The second question is "How often should questions be asked?"

Ask questions constantly; managing is a process of constant monitoring and assessment. However, every manager should plan an indepth assessment of the food service system every four to six years.

## I. ASSESSING THE FOOD SERVICE SYSTEM

The timing of an assessment of the food service system should not be arbitrary, but should be guided by the service in operation. A questionnaire to determine if an assessment would be timely would also be useful to the manager who is planning to start a new service. It could include questions such as:

- Is the cost per meal higher than the state's average cost per meal?
- Do participants frequently request menu items, including special diets, that cannot be provided by the present system?
- Do persons contacted by outreach frequently indicate that they are unable to participate because menus do not meet their needs?
- Do sites have to be closed on certain holidays, or for extended periods of time, because of the food service system, for example, closed during school holidays?
- Is poor quality food a problem?
- Does managing the food service system consume so much of the director's time that other responsibilities are neglected?
- Is there a lack of competition among vendors for the food service contract?
- Is donated food unable to be used by the present food service system?
- Has the service experienced outbreaks of diseases caused by food?
- Is it difficult, or impossible, to determine the actual cost of meals served at nutrition sites?

If the answer to any of these questions is "yes" it is time to consider ways to improve the present food service system and/or consider alternative methods of providing food at nutrition sites.

## A. ANALYZING MEAL COSTS

Food and energy costs are increasing, as are demands for services. If the present cost of food service is limiting the service capability, cost analysis will help identify potential savings, or lead to a decision to modify the food system. The following factors should be considered in determining meal costs:

- raw foods cost, including convenience foods
- cost of equipment
- labor cost, including administrative time
- volunteer replacement cost (for example, a retired dietitian who volunteers and might have to be replaced by paid staff)
- cost of food service supplies
- rental costs of food preparation or storage areas
- energy costs
- equipment maintenance cost
- meal costs prepared under contract
- value of donated foods used by provider.

Specific instructions for calculating meal cost are in Appendix IV-B. Managers who have difficulty in determining meal costs may need to improve food service management processes, such as inventory control, purchasing procedures, or use of standardized recipes. (These and other management processes are discussed in this chapter.)

## B. ANALYZING MEAL QUALITY

Cost analysis and quality analysis both deal in specifics, but cost data tends to be objective; i.e., no judgment is needed to establish the cost of hamburger. Quality data is subjective; i.e., what value can be assigned to aroma or attractiveness? Quality assessment requires judgment, and managers should develop skill in making quality judgments on a "weight of evidence" basis. Food quality can be assessed in terms of:

- Food safety
    - sanitation in the kitchen
    - food temperature
    - time food is held before service
    - health of food preparers
- Food appeal
    - taste
    - smell
    - visual appearance
    - texture
    - serving atmosphere
    - plate waste
    - attendance

These and other quality elements can be assigned a value on a 1-10 scale so that a weighted quality value will be developed. Managers can assign minimum values to individual items (i.e., expected performance levels) and compare the analysis data to this norm. If quality data is collected at regular intervals over a period of time, the analysis will enable managers to develop an average quality level for comparison purposes, and to prepare a trend analysis which will indicate if particular units of the operation are stable, improving, or indicate trouble ahead.

## II. ALTERNATIVE FOOD SERVICE MODELS

Alternatives are limited, but there are distinct choices with important differences. Three basic systems used by different providers around the country are:

- On-site - Food is prepared at the site and is served to the participants.
- Satellite - Food is prepared in one, or several, central kitchens and is delivered in bulk to the site where meals are served.
- Catered
  - Nonprofit catering is usually provided by a school food service system that contracts to provide food in bulk or in prepackaged meals.
  - For-profit catering is usually provided by a professional catering firm, specializing in mass food service, that contracts to deliver food in pre-portioned bulk form or as packaged meals.

Most people have preconceived notions about the three alternatives; no assessment will be entirely free of prejudice. This is no handicap, however, if the assessment of the food service system develops information from two different tracks, or perspectives: one, the evaluation of characteristics of the service, the agency, and the community; two, a comparison of advantages and disadvantages to the optional food service systems.

Below is a list of survey questions. Additional questions can be added, depending on the individual manager:

- What is the size of the provider agency?
- What is the management philosophy of the agency with the nutrition grant? Does the agency tend to provide "hands on" services or does it tend to contract for services?
- Will food service equipment be available free or at a low cost?
- If the agency has more than one nutrition site, will individual sites have different needs?
- To what extent are special diets, including ethnic and religious foods, needed by participants? Will these needs vary from site to site?
- Are nonprofit agencies in the service area interested in providing the meals for the nutrition service?
- Will both homebound and congregate participants be served?

- What is the cost and availability of labor and wholesale food in the area?

- What are the state and local health and safety regulations that govern the provider agency? (For example, some state and local health departments require mechanical heating and refrigeration equipment for the transportation of food.)

No one system is better than others; some providers may combine two or more systems. The best system is the one that suits the characterisics of the local community and meets the needs of the participants.

Exhibit IV-1 is a matrix of food service system characteristics that a manager can use to get a more objective view of the alternative systems. The matrix is helpful to organize the gathering of information and as a guide to the manager's preferences and style. For example, a manager who is inclined toward the on-site model will emphasize the advantages food quality brings to a service while recognizing that it increases the problems of management, cost control and staff supervision.

A good source of information to help nutrition service managers evaluate food service systems is a recent publication funded by the Administration on Aging and developed by the American Dietetic Association.[1] It is a manual that provides a comprehensive review of current food technologies and service systems, and is available from AoA or the state agency.

## III. SETTING UP A KITCHEN

Before starting, obtain a copy of The Food Service Sanitation Manual, USDHEW PHS FDA DHEW pub. (FDA) 782081. The manual is a useful reference for planning, and for evaluating decisions.

Three basic steps are involved in setting up a kitchen, whether on site or at a satellite operation.

### A. LOCATING AND REMODELING

A building must be accessible to handicapped persons, located within walking distance for large concentrations of older persons, and include an area suitable for food preparation. If the location is to be used as a central kitchen it should be as close as possible to the sites that will receive the food. Both types of kitchens will have to meet the standard of state and local health departments.

Buildings that have been used for food preparation, such as restaurants and school lunch rooms, are converted more easily to nutrition service food preparation facilities. Some health departments have more strenuous regulations for food preparation facilities that are being built, or remodeled, than for facilities that are presently in use.

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[1] American Dietetic Association, Food Service Systems and Technologies in Nutrition Services for Older Americans (Chicago, American Dietetic Association, 1982).

## EXHIBIT IV-1

## COMPARISON MATRIX OF FOOD SERVICE SYSTEM CHARACTERISTICS

CODE
(a) Advantage
(d) Disadvantage

| FOOD SERVICE SYSTEM CHARACTERISTICS | On Site | Satellite | Nonprofit | Catered For-Profit |
|---|---|---|---|---|
| A. COST MANAGEMENT | | | | |
| 1. Commodity use | a | a | d | d |
| 2. Unit meal cost | controllable | controllable | negotiable | negotiable |
| 3. Equipment | d | d | a | d |
| B. QUALITY MANAGEMENT | | | | |
| 1. Home cooking | a | d | d | d |
| 2. Appeal: aroma, etc | a | a | d | d |
| 3. Menu flexibility | a | a | d | d |
| 4. Minimize nutrient loss | a | a | d | d |
| 5. Minimize bacterial growth | a | a | d | d |
| 6. Sanitation | d | d | a | a |
| 7. Control of meal quality | a | a | d | d |
| C. MANAGEMENT CONTROL | | | | |
| 1. Contract | | | | |
| negotiation | a | a | d | d |
| supervision | a | a | d | d |
| 2. Staff Training | | | | |
| food preparation | d | a | a | a |
| service | d | d | d | d |
| cleanup | d | d | a | a |
| 3. Staff supervision | | | | |
| preparation | d | a | a | a |
| service | d | d | d | d |
| cleanup | d | d | a | a |
| 4. Cost control | d | d | a | a |
| 5. Fiscal planning | d | d | a | a |
| D. OTHER | | | | |
| 1. Jobs in community | a | a | d | d |
| 2. Volunteer use | a | d | d | d |
| 3. Delivery breakdown | a | d | d | d |
| 4. Maintenance and repair | d | d | a | a |

Contact the local health department to request assistance. Ask for a copy of the applicable rules and regulations.

Although regulations differ, the following types of requirements will probably be included:[2]

- Floors in the food preparation and related areas must be of nonabsorbent, smooth, and durable material.
- Floor drains must be available and the floor must be graded to the drain. Sinks for handwashing or utensil washing cannot be used for the disposal of floor washing water.
- Walls should be light-colored, smooth, nonabsorbent, and easily cleanable.
- Sinks for different purposes must be provided:
  - mop sink
  - handwashing sinks
  - three-compartment sink for washing dishes, pans, etc. (Some regulations allow two-compartment sinks.)
- Fifty candlepower of light must be in all food preparation areas; twenty candlepower in storage and toilet areas; ten candlepower in all other areas.
- Light fixtures must be shielded to prevent broken glass from falling into food.
- Sufficient ventilation must be available.
- Storage areas for personal items must be available for employees.
- Separate dry storage areas for food stuffs and toxic materials must be available.
- Adequate water supply and proper plumbing and sewer systems are required.
- Toilet facilities must be available in numbers according to the number of employees.
- Equipment must be constructed and installed according to specifications.
- Food service thermometers must be available.

## B. SELECTING AND PURCHASING EQUIPMENT

The number of meals and the type of food prepared will determine the equipment that is needed. Appendix IV-C is a table indicating the amount and type of basic equipment most nutrition providers will need. Consider carefully the needs of each food preparation facility before purchasing equipment, and become familiar with available service equipment. Visiting local school cafeterias and other nutrition providers with on-site preparation is helpful. Money saved by purchasing equipment wisely can be spent on meals and related services for older persons.

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[2] Adapted from Arthur C. Avery, A Modern Guide to Food Service Equipment (Boston, CBI Publishing Company, Inc. 1980).

Nutrition providers may be able to get equipment donated, get it from government surplus warehouses, or seek assistance from local governments. Used food service equipment may be available for purchase.

## 1. Prepurchase Questions

Before purchasing any equipment consider the following questions:

- Does the equipment have the appropriate certification?
    - National Sanitation Foundation (NSF) for all food service equipment.
    - Underwriters Laboratory Seal of Approval (UL) for electrical equipment.
    - American Gas Association (AGA) for gas equipment.
    - American Society for Mechanical Engineers (ASME) for equipment using steam.
- Does the equipment meet the applicable health department regulations?
- Is the equipment safe to use?
- Will the equipment use excessive energy?
- Will the equipment require excessive labor cost for sanitizing?
- Are parts and service personnel available to repair the equipment?
- Will employees be willing and able to use the equipment?
- Is the equipment needed?
- Is the equipment the appropriate size for the number of meals to be prepared?

## 2. Specifications

Before new food service equipment is purchased, specifications for each piece should be developed. Equipment specifications should contain the following information:

- equipment name
- dimensions
- materials
- design details
- certification requirements
- warranty and maintenance requirements
- number of operations manuals needed
- delivery requirements
- details of the bidding procedures.

Much of the information can be obtained from manufacturer's specifications; equipment dealers will make these available to potential buyers. The nutrition director should collect copies of specifications from several different manufacturers, and determine exactly what is needed before writing equipment specifications. A good source of information on food service equipment is A Modern Guide to Food Service Equipment by Arthur C. Avery.

## C. KITCHEN EQUIPMENT

### 1. Refrigerators

Most nutrition providers use walk-in or reach-in refrigerators. The size and type of refrigerator(s) will be determined by the number of meals prepared, frequency of deliveries from food vendor, and the type of raw food used. (Frozen food should be thawed under refrigeration to prevent bacterial growth.) When purchasing refrigerators, consider the following:[3]

- Total capacity must be adequate for the needs of the food service operation.
- All surfaces of the unit should be made of easily cleanable materials.
- All shelves and protrusions inside the cabinet should be removable without tools.
- Interior should be free of sharp edges.
- Surfaces should resist corrosion, chipping, and cracking.
- Coils should not be in such a location that condensation might collect and drip into food.
- Refrigerator should be able to maintain temperatures of 35°-40°F.

### 2. Freezers

Freezers are available in walk-in and reach-in models. The amount of freezer space will be determined by the number of meals prepared, frequency of deliveries from food vendors, and the amount of frozen food used. Many of the purchasing considerations for refrigerators are applicable to freezers as well. It is important that freezers are well insulated, that doors fit tightly, and that the compressor has adequate horsepower. A freezer should be equipped with a thermometer.

### 3. Steam Jacketed Kettles

Steam jacketed kettles are two bowls sealed one within the other with about two inches of space between them for the introduction of steam. The amount of steam surface between the bowls is referred to as jacketing. Models that are one-half, two-thirds, and full-jacketed are available.

Smaller steam jacketed kettles may be mounted on tables and counters. Larger models are mounted on the floor or wall. Many models can be tilted for easy removal of contents. Capacity designations are in quarts for small kettles and in gallons for larger ones. The usable capacity is usually 75% of stated capacity to allow for the needed space between the cooking product and the top of the kettle. Steam jacketed kettles are used to prepare foods such as vegetables, casseroles, scrambled eggs, eggs in the shell, stews, soups, meats, sauces, puddings, cereals, etc. Because of the drain in the bottom of the kettles, they can also be used to remove liquid from salads. Attachments that may be purchased with steam jacketed kettles include a multiple basket support that allows up to three items to be prepared at one time, and a thermostatically controlled electrical insert that will convert the kettle into a fryer.

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[3] Michigan State Office on Aging, Kitchen Design (Lansing, Michigan State Office on Aging, 1980).

Steam jacketed kettles should be installed in a recessed floor area with adequate floor drainage system.

### 4. Food Mixers

Mixer capacity means the capacity of the bowl. Bench models are sized from 5 to 20 quarts; floor models range from 30 to 400 quart capacity. Most mixers have adapter rings enabling them to accommodate different size bowls. Larger models can be obtained with bowl raising and lowering mechanisms to simplify handling large bowls. Attachments can be purchased that allow the mixer to perform other functions: a dough hook, food chopper, dicer, slicer, juice extractor, tool sharpener, and a variety of shredder and grater blades.

### 5. Ranges

A variety of range designs are available. The most common are open top, griddle top, and solid top. The following will provide some information on the difference in these surfaces:

- Open (grate) tops, gas heat - The framework supports the pot above the burner and the flame hits the pot bottom directly.
- Solid top, electric heat - These have sectioned solid plates rather than circular "eyes." "Eyes" tend to break under the weight of pans over five gallons.
- Griddle top, gas and electric heat - These have the advantage of doubling as a surface for grilling; disadvantage of being energy inefficient.

Ranges may be purchased with ovens or with storage areas under the cooking surface. Care should be taken in purchasing smaller ranges to ensure that the oven is large enough to accommodate sheet pans and roasting pans. Some ranges are available with forced air convection ovens.

## D. TRANSPORTING EQUIPMENT

Central kitchens and home-delivered meal providers will need equipment for transportation as well as preparation of food. The amount of equipment needed will depend not only on the number of meals prepared but also the number of sites (or homes) served and the schedule of equipment pick-up from sites.

Equipment for holding hot and cold temperatures during transportation is available in electric and non-electric form. The type of equipment needed depends on the length of time between completion of food preparation and serving of food at the site, and on the local health department regulations. (Some health departments require mechancial heating and cooling of food during transportation.)

### 1. Electrical Equipment

Bulk Carriers. Stainless steel carriers that hold up to three standard size steam table pans are available. Some of these are loaded from the side, others from the top. These are available with both heating and refrigeration units. If the carriers are preheated or prechilled, and food is put into them at appropriate temperatures, they will maintain the temperature of the food indefinitely. Some central kitchens use these to hold cooked foods for many hours while other food is being cooked. For example, a steam jacketed kettle will be used to prepare chicken stew. The chicken stew will be panned and placed in the food carriers. The steam jacketed kettle will be cleaned and then used to prepare rice. The rice will be panned and put in the food carriers. The kettle will be cleaned again and used to prepare green beans. Using the carriers in this manner reduces the amount of equipment that must be purchased. However, it also increases the destruction of heat sensitive vitamins in the food, and decreases the quality of some foods. These carriers are well insulated so that they do not have to be plugged in if transportation time is not too long. Steamless carriers are available that can be washed mechanically.

Equipment for Vehicles. Generators can be installed in vehicles for transportation of the carriers described above. The generators run independently of the motor, so that if the vehicle breaks down the food remains safe. However, the generator increases the gasoline consumption of the vehicle and is hot and noisy.

Refrigerators for Vehicles. Refrigerators that operate on the motor of the vehicle, or on the generator described above, can be installed in trucks. These are effective in maintaining cold temperatures.

### 2. Insulated Equipment

Bulk Carriers. Molded plastic bulk food carriers are available. These will maintain temperatures of the food in the safe range for three to four hours if the food is put in the carrier at very hot or very cold temperatures. They are lighter in weight and less expensive than electrical equipment. Preheating (with hot water) and prechilling the carriers will increase efficiency.

Individual Insulated Trays. Molded plastic, stackable trays will maintain the temperature of the food in the safe range for two to three hours. The trays require inserts to hold the food, but they eliminate the purchase of disposable trays at the site. They are attractive and light weight. Preparing a large number of trays in the central kitchen increases labor requirements but reduces the need to prepare trays at each site.

## IV. SELECTING DINNERWARE

Permanent and disposable dinnerware (plates, flatware, cups, glasses) are used at nutrition sites. The decision of which type to use will be influenced by:

- the availability of dishwashing equipment
- the availability of staff/volunteers to wash the dishes
- the importance of the aesthetic quality of dinnerware

- participant disabilities and how they affect the type of dinnerware needed.

Advantages of Permanent Dinnerware

- is considered more aesthetically pleasing than disposable dinnerware.
- does not represent a daily replacement cost.
- is usually easier for disabled participants to use (Dishes don't fold; flatware does not break.)
- can save money if second-hand items (from closed hotels, restaurants, etc.) can be located.

Disadvantages of Permanent Dinnerware

- requires equipment for washing and sanitizing
- costs more initially
- costs more due to needed replacement of broken pieces
- has higher labor cost due to added task of washing dishes
- may be too heavy for some frail participants to carry
- is not usually suitable for home-delivered meals, making it necessary to purchase disposable supplies also.

Advantages of Disposable Dinnerware

- requires no special equipment for washing and sanitizing
- is lighter weight than disposable ware
- does not require employees to wash dishes

Disadvantages of Disposable Dinnerware

- is not considered as aesthetically pleasing as permanent ware
- is hard for participants with dexterity problems to use unless it is of high quality and therefore expensive
- represents a daily replacement cost
- requires a large amount of storage space
- requires that garbage pickup be more often
- may vary in cost and availability because plastics are made from petroleum by-products.

Disposable dinnerware should be strong. Knives should have a serrated edge and should cut without bending or breaking. Fork tines should not break off. Spoons should not bend, melt, or break. Other items such as plates, cups, and bowls should be nonporous to prevent leakage. They should be of adequate size to hold the portions of food served. Many compartmentalized trays will not hold one-half cup portions of vegetables. Cups should be easy to hold, should retain temperatures, and should have flat bottoms. Disposable items should be used only once.

Disposable dinnerware is available in styrofoam, paper, plastic, ovenboard, and aluminum. Plates are round or rectangular, compartmentalized or noncompartmentalized, and are small, medium or large. Ask distributors for samples and run tests to decide which items are more acceptable. Compare the level of acceptability with the price of each item. These questions will help evaluate disposable dinnerware:

- What is the cost of each item?
- What is the cost per meal of each option?
- Can each item be used easily by participants?
- Can each item be used easily and appropriately by food servers?
- Is there adequate space for the portions that are served?
- Do spills between compartments occur easily?
- Will the plate support the weight of the meal?
- Is the dinnerware attractive?
- Can the dinnerware be recycled?

The advantages and disadvantages of different materials for dinnerware are listed in Exhibit IV-2.

## V. ESTIMATING STAFFING NEEDS

The number of food service employees and staff for a particular food service system is dependent on several variables. Listed under each variable below are questions to assist in calculating staffing needs.

- Number of meals:
  - How many meals will be prepared for on-site consumption?
  - How many meals will be prepared for home-delivered meals and/or satellite sites?
- Types of food:
  - Will convenience (canned or frozen) entrees be used on a regular basis?
  - Will fresh vegetables be prepared when in season?
  - Will breads usually be baked or bought?
  - Will desserts, such as cookies, pies, and cakes, be prepared in the facility or purchased?
  - Will fresh potatoes be used?
- Equipment available:
  - Will vegetable cutters be available?
  - Will a single piece of equipment (such as a steam jacketed kettle) have to be used for several different items in the preparation of one meal?
  - Will a dishwashing machine be available, or will dishes be washed by hand?
  - Will equipment that prepares food quickly (such as steamers,

### EXHIBIT IV-2
### ADVANTAGES AND DISADVANTAGES OF DIFFERENT MATERIALS FOR DISPOSABLE DINNERWARE

| MATERIALS | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| STYROFOAM | Carryout trays are available with attached lids. | Difficult to cut on. |
| | Less expensive than some materials. | Cost and availability may fluctuate. |
| | Carryout trays are insulated so will retain heat for short period of time without using insulated carrier. | Cannot be used in oven.<br>Lids on carryout trays often are difficult to keep closed. |
| PAPER | Inexpensive. | Not strong enough for most meals.<br>Poor heat retention for carryout food because it is not insulated and provides little heat conductivity.<br>Cannot be used in oven. |
| PLASTIC | Attractive. | More expensive than other types. |
| OVENABLE BOARD | Can be used in conventional and microwave ovens.<br>Foods cooks faster than in aluminum. | Not available in a variety of sizes. |
| ALUMINUM | Good heat conductivity. | Provides no insulation for carryout trays if insulated carrier is not used. |
| | Can be recycled. | |
| | Ovenproof. | Cannot be used in microwave ovens. |
| | Edges of trays are such that handicapped persons can use them to scoop up food. | More expensive than styrofoam.<br>Lids for carryout trays are difficult to seal and may be difficult for participants to remove.<br>Trays take on food temperature. May burn food servers and participants. |

  - microwave ovens, or convection ovens) be available?

- Type of dinnerware:
  - Will disposable or permanent dinnerware be used?
  - What types of dishes and cooking utensils will have to be washed?
- Management tasks:
  - Will food service employees do preliminary or complete menu planning; purchasing; inventoring (perpetual and physical); scheduling of other employees?
  - Will any food service employees be responsible for site-related jobs other than food service?
- Volunteer tasks:
  - How much dependable volunteer help is available?
  - What is the level of skill of available volunteers?

Develop a daily and weekly task schedule listing the estimated hours when the work will need to be done. For example, if satellite sites are served, food will need to be prepared earlier in the day so that it can be transported and served on time. If equipment must be cleaned and reused for several menu items, preparation will take longer. Some tasks may need to be done simultaneously just before lunch; some may need to be done earlier in the day or after lunch. Consider various staffing options. Are part-time workers with other responsibilities at the sites available for more hours? Would employing part-time workers to cover the peak labor periods be more economical than employing all workers full time? When are skilled, responsible volunteers available and willing to work?

# VI. MANAGEMENT PROCESSES

## A. PURCHASING FOOD

Purchasing is only as efficient as the purchaser. Knowledge and integrity are the most valuable personal assets. Develop a code of purchasing ethics, and follow it. Here are some useful concepts:

- Do not become obligated to any supplier. You may end up with expensive supplies you can't use, or explain.
- Be courteous and fair.
- Set up a schedule for salesmen.
- Compare price, quality, services provided, and dependability of vendor.
- Do not discuss prices and services of one vendor with another.

Different methods of purchasing are used; one method applies to items used daily (milk or disposable tableware) and another method applies to items used only occasionally. The method used will be determined by the type of agency (some agencies are required to use bid methods), the size of the operation, the type of food service system used (on-site or central kitchen), and the location of the services.

### 1. Open Market Buying

Most food service operations use this method. Purchasers obtain oral quotes from several vendors, and order food from the vendor whose quotes are lowest commensurate with the quality specified. The order is usually given by phone but may be made in person. A telephone order record should be used when orders are made by phone.

### 2. Sealed-Bid Buying

This method is generally used by large institutions and government agencies. Some nutrition providers may be required to use this method for larger purchases. Vendors are invited to submit sealed-bid or written specifications for large quantities of material. Frequent pricing and buying is discouraged and large quantity discounts are obtained.

### 3. Cost-Plus or Contract Buying

The purchaser agrees with a vendor to buy all of a certain item from that vendor at a selling price fixed at a specific percentage over the vendor's cost. This means a fluctuating cost from month to month. However, the markup over the vendor's cost is usually lower than open market buying.

### 4. Co-op Buying

A group of service providers may establish a single buying to obtain larger discounts than would be available individually. Nutrition directors could coordinate, perhaps with the assistance of an area agency or state agency, to form a purchasing co-op.

### 5. Purchasing Method Questions

To determine which purchasing methods to use consider the following questions:

- Are large quantities of some items, such as disposable tableware, milk, coffee, tea, meat, juice used throughout the year? Can an estimate be made in advance of the quantity needed for a year of these or other items? If yes, it may be advantageous to accept bids on these items or to negotiate a cost-plus contract with a local supplier.
- Is meal service so small that a provider cannot take advantage of lower prices by buying in large quantities? Are there other programs, school cafeteria, or similar food service activities in the area that are small and have similar problems? If yes, co-op buying of some items can result in a lower-cost meal for the nutrition provider.

### 6. Specifications

Regardless of the purchasing system, specifications for each item purchased are useful. The specifications should be written to include:

- quantity or amount required
- size of container or size of unit of purchase

- grade (quality)
- form of food (whole, sliced, diced)
- state of food (fresh, frozen)
- other descriptions as needed.

Food serving practices will determine the grade or quality that will be ordered. For example, Grade A sliced peaches might be ordered if sliced peaches are to be served as dessert. If peach cobbler is to be served, Grade B peaches, which are just as nutritious but not as attractive, should be ordered. Food Purchasing Pointers for School Food Service is an excellent guide to food purchasing and is listed in Appendix IV-A, References.

Problems occur in procurement, but trouble can be avoided by negotiating procedures for resolving problems as part of the purchase agreement. While most reputable vendors will automatically include such procedures, make sure the conditions meet provider needs. For example, the delivery time on a replacement order must be fast enough for provider needs.

## 7. Vendors

The following questions will help guide the nutrition director to choose a vendor:

- Is the firm reliable?
- Are deliveries made as promised?
- What is the firm's out of stock/back-order record?
- Does the firm provide an accurate count of products shipped compared to products ordered?
- Are prices competitive?
- For what period of time is vendor willing to hold the price?
- Are there minimum order requirements?
- Are there any days on which the vendor will not make delivery?
- Does the vendor have emergency delivery service?
- Is the quality of the product consistent?
- Are the employees of the firm cooperative and willing to respond to the customer's needs?
- Does the vendor offer any ancillary services such as menu planning, new product development, equipment, etc.?
- Is the vendor willing to enter into long-term contracts guaranteeing price and supply for extended periods?

Ask potential vendors for names and telephone numbers of their customers. Ask these customers about the service they receive from the vendor. Check the prices of several vendors before choosing one. After vendors are selected, continue to compare prices and services of competitive vendors.

## B. RECEIVING FOOD

Receiving includes verifying that the quality, size, and quantity meet specifications and that the price reflects exactly the items ordered and billed. It is not just accepting and signing for merchandise. Any food should be rejected that shows signs of poor quality or spoilage: off-color, swollen or rusty cans, thawed frozen foods, or rotten or decomposed produce. The following steps should be part of the nutrition providers receiving procedures:[4]

- all items counted, weighed, and dated
- all pieces of meat, fish, and poultry weighed and inspected individually and dated
- cartons of fruits and vegetables opened at random to inspect for quality and quantity
- all items checked against purchase specifications
- invoice prices checked against purchase order
- any substandard mechandise rejected and mistakes in delivery corrected on the delivery invoice
- delivery invoice signed
- receiving procedures checked periodically by nutrition director.

## C. STORING FOOD

### 1. Storage Guidelines

Food storage is important, because food on hand represents cash in the bank. There are three types of storage areas: dry, refrigerated, and frozen.

- Dry storage areas should be kept between 40° and 70°F. Higher temperatures can result in nutrient loss and general deterioration of canned and dried foods.
- Rooms should be clean, dry, rodent and insect free, well lighted, and adequately ventilated. All items should be stored at least six inches above the floor and two inches from an outside wall. Non-food items, such as cleaning supplies, should be stored in a separate area from food items to prevent them from being used as food by mistake.
- Locked storage areas will prevent unauthorized persons from having access to supplies and will prevent financial loss due to pilferage.
- Providers sharing facilities with other organizations should make special provision for secure storage areas.
- Refrigeration is absolutely necessary for perishable items and extends the quality and life of some semiperishable foods.

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[4] James Keiser and Elmer Kallis, Controlling and Analyzing Costs in Food Service Operation (New York, John Wiley and Sons, Inc., 1974).

  - All foods that are susceptible to food poisoning or to spoilage should be refrigerated. All refrigerators should be kept below 45°F. Some types of food maintain their quality longer at slightly cooler temperatures.
  - All foods stored in the refrigerator should be covered to reduce evaporation, to limit odor absorption, and to prevent damage from leakage or drippage.
  - Refrigerators should be cleaned at least weekly, and should be defrosted before frost over one-quarter inch accumulates.
- Freezer storage should be between 10° and 0°F. Deterioration of frozen food occurs much more quickly at temperatures above 0°F.
  - Frozen food should be wrapped in moisture-proof material such as heavy plastic wrap or heavy duty foil to prevent the food from drying out or getting freezer-burn.
  - Frozen food should be thawed in the refrigerator and not at room temperature. Bacteria that cause food spoilage are made inactive by freezing but are not destroyed; as food thaws, bacteria become active again. It is important that thawing food be kept at temperatures that retard bacterial growth.
- All stored food should be used on a first-in first-out basis.
  - All items should be dated as they are received and put in the back of the storage area.
  - Items that have been in storage longer should be moved to the front of the storage area so that they will be used first. (See Appendix IV-D for recommended maximum storage times and temperatures.)

## 2. Inventories

Food services employ two inventory systems to calculate food costs, control pilferage, order food efficiently and assure that foods are used on a first-in, first-out basis: perpetual and physical. (See Appendix IV-E).

Perpetual inventory is a recordkeeping system. A stock control card is kept on each item purchased, and foods that are taken from storage and used in meal preparation are checked out on a storeroom issue sheet. Foods delivered by the vendor are recorded on the stock control card and added to the inventory. Foods checked out of the storage areas are recorded on the stock control card and subtracted from the inventory.

Physical inventory, or actual count of stock, should be done at the end of each month. This is simpler if two people work together; one person counts while the other records the number. Volunteers can be assigned this task.

The physical count should agree with the perpetual inventory. If it does not, a check is needed to determine why.

## D. PLANNING MENUS

Time should be set aside in the regular work schedule for menu planning. Repetition of foods, as well as nutrition adequacy, needs to be checked to avoid monotony.

Agreement needs to be reached on who plans the initial menu, who monitors regularly for nutritional adequacy and variety, who spot checks, and how often. Coordination between the state, provider, and site levels will avoid duplication of effort. Occasional review of these responsibilities should be made to identify refinements that could save time and avoid unnecessary rechecking. (See Appendix IV-F for information on computer programs for Food Service Operations).

### 1. Recommended Dietary Allowances

The Older Americans Act and the regulations state that each meal served by a nutrition service provider must contain at least one third of the current RDA. RDAs are used to assure that essential nutrients are served to participants in amounts proportional to daily allowances. It is assumed that Title III meals will be supplemented with a nutritionally adequate diet the rest of the day.

History and Definition. In the 1940s the National Research Council of the National Academy of Sciences established a Food and Nutrition Board whose purpose was to advise on food and nutrition matters. A set of standards, known as the Recommended Dietary Allowances, was published for the first time in 1943 and are revised at approximately five year intervals; the last being in 1980. The current RDA standards are the guidelines which nutrition service providers must follow.

RDAs are recommendations for daily amounts of nutrients; they are not minimum requirements. This allows for a safety margin above minimal requirements so that if individuals eat less than that which is recommended, they will not necessarily be malnourished. All recommendations are for healthy people and are not intended to cover people who are ill or have special dietary problems.

Allowances are set by the Committee on Dietary Allowances of the Academy and are based on available, complete scientific data. RDAs are broken down into categories by age, weight, and height. At this time the nutrients with specific RDAs are protein, vitamins A, D, E, C, thiamin, riboflavin, niacin, vitamin $B_6$, folacin, vitamin $B_{12}$, calcium, phosphorus, magnesium, iron, zinc, iodine. In 1980, the Committee on Dietary Allowances also established an estimated safe and adequate intake range for Vitamin K pantothenic acid and biotin; and trace elements: copper, chromium, flouride, manganese, molybdenum, and selenium. (It is not necessary to specifically include these latter nutrients when planning meals to meet one third RDAs.)

Considerations. If RDAs are not met for several days, the likelihood is that, in a healthy person, the body's protective mechanisms will compensate and the individual will not be in any danger. The body is capable of storing ingested excesses of some nutrients, in various amounts and for various lengths of time. However, problems will occur if there is prolonged insufficient nutrient intake. RDAs also do not take into consideration the following conditions: physical activity, climate, aging, acute infections, and drug-diet interactions. It may be necessary to adjust menu plans to meet individual needs.

Recommendations for Program Application. The following RDA limitations should be kept in mind when planning menus. (1) RDAs apply to population groups, not individuals. (2) RDAs are guides. (3) RDAs are estimates of acceptable daily nutrient intakes. (4) RDAs have not been established for all essential nutrients. (5) Many foods have not yet been analyzed for all nutrients. (6) The interaction between nutrients and other foods may affect the body's use of some nutrients.

It is necessary to plan menus which have high nutrient concentrations since caloric or energy needs are lessened with age. Menus should include a wide variety of foods to ensure an adequate intake of nutrients which have suggested acceptability ranges but do not have recommended allowances as yet. All menus should be planned to include foods that are acceptable to participants.

## 2. Factors in Menu Planning

In addition to nutritional value, there are many other factors that must be considered when planning menus:

- What is the cost of the raw food?
- What is the cost of the labor to prepare the food?
- Do the menus offer a variety of foods?
- Does each meal contain foods with a mixture of pleasing colors and textures?
- Will the food withstand the demands of the food service system? For example, if a satellite system is used, will the food retain acceptable color, texture, and nutrients during transporation?
- Is there adequate food service equipment to prepare the food and does the menu make wise use of available equipment? For example, is some of the food prepared in the oven while others are prepared in kettles, steamers, etc.?
- Are foods on the menu familiar to participants? Are ethnic and regional preferences considered?
- Will donated foods available to the nutrition provider be utilized?

## 3. Cycle Menus

Most nutrition providers use a cycle menu. They are usually planned for four or six weeks and repeated two or three times. Providers may find it useful to plan cycle menus for an odd number of days rather than for the exact number of days in the week. For example, plan for nineteen or twenty-one days rather than twenty days in a four-week cycle. Adding or subtracting one day will prevent menus from occurring on the same day of the week each time the cycle is repeated. This technique will be useful to nutrition providers that serve some participants fewer than five days a week.

## 4. Planning Methods

There are two methods of planning menus that are commonly used in nutrition services: nutrient standard method and meal pattern. Neither one is federally mandated, and how one third RDA is assured is up to the states to determine although this decision may be delegated to the AAA or provider level.

Nutrient Standard Method. This method of menu planning and monitoring helps service providers plan meals that include appropriate nutrients. The method is based on a standard for key nutrients for which food composition data is available. Other essential nutrients are supplied in food for which less information is available. A simple arithmetic decimal system was developed for AoA and training is available through state agencies.

- Advantages of nutrient standard method

  - It provides a more reliable system than the meal pattern method for assuring that the meal contains one-third RDA.

  - A standard for fat is provided so that the amount of fat in the meal is controlled.

  - It is compatible with nutrition labels on food products.

  - Standardized recipes are provided.

  - It allows for objective decision making in menu planning.

  - A training package for implementing the system is included.

  - The use of combination dishes is simpler than in the meal pattern method.

- Disadvantages of nutrient standard method

  - The system is based on arithmetic, and intimidates some planners. Personnel who plan menus by this system may become so involved with the numbers that they ignore other considerations such as color, texture, and participant preference.

  - Nutrient values must be calculated for foods not included in the handbook.

  - The system assumes that standardized recipes will be followed, or that all recipes will be similar to those that were calculated.

Meal Pattern Method. This method is based on the inclusion of foods from groups of approximately the same nutrient composition. It is a tool that state and area agencies use for menu monitoring and providers use for planning.

- Advantages of meal pattern method include:

  - It is simple to understand.

  - It can be written into contracts with food vendors.

- Disadvantages of meal pattern method
  - Menus planned by this system may not provide one-third RDAs.
  - It may be difficult to plan meals using combination dishes (for example, beef and vegetable stew).
  - It provides no guidance for such important considerations as sodium or fat content of meals.

Menu planning for good health requires that participants be served food that permits each individual to make choices consistent with personal needs. Chapter II has references to other documents which might help in planning healthier diets.

The Administration on Aging has distributed Information Memorandum 80-42, dated July 17, 1980. Chapter One of the Ninth Edition, 1980 of the RDA, which was enclosed, is a useful technical assistance document. The nutrition provider should request a copy from the area agency if one is not available at the provider level.

Providing meals to meet the dietary needs of such a heterogeneous group of individuals as older Americans is a complex task. Some meal modification steps that are helpful include:

- Modifying the fat content of the meals by:
  - using fat sources to provide no more than 30 to 35 percent of calories
  - offering skim milk
  - avoiding fried foods
  - providing margarine as an option to butter.

- Decreasing the sodium level of the meals by:
  - using no salt or little salt in cooking. The meals can be very tasty and appealing by increasing other seasonings.
  - omitting highly salted foods such as sauerkraut and luncheon meats. Add no salt when preparing canned foods.

People with high blood pressure are at risk from an excess of salt. Reduction of salt is not harmful to healthy persons and it may prevent hypertension in susceptible individuals.

- Increase complex carbohydrates such as seeds; fruits and vegetables; and whole grain breads, cereals, and cereal products which contain many essential nutrients in addition to calories.

- Increase nutrition education activities.

Major nutrition surveys have documented that the old, the very young, the poor, and the chronically ill are among the most nutritionally vulnerable in this country. The response to this has been (1) provision of food, money, or employment and (2) nutrition education.

Several nutrition authorities agree that many older people know about balanced diets, but have a limited knowledge of basic nutrition information. A sample of participants selected from several nutrition sites showed that they lack an understanding of weight control, caloric content of foods, the nutrient value of fresh and prepared foods, and the effects of food on health.

Older people's limited income and lack of knowledge about nutrition are a unique challenge to provide quality nutrition education through provision of, and discussion on, well-balanced meals.

## 5. Special Menus

Federal regulations require special menus, when feasible and/or appropriate; i.e., if the number of persons who need optional menus is sufficient, and if the food and skills needed to prepare special menus are available. Feasibility and appropriateness of providing special meals will depend on: program priorities, participant need, food availability, staff skills, available funds, and community resources. For example, if a program's priority is to serve the physically frail, special meals are likely to be required. Such meals are usually costly, which will mean that fewer people can be served. In this case, each provider must decide whether the community would be served better with regular menus for more people or special menus for fewer people. Sometimes modified diets will not cost more than other diets which makes them more feasible.

Community resources also make a difference. If another agency or civic group can provide special meals, or a way to find those who could prepare special meals, it would decrease the need for the nutrition provider to provide them.

- Special menus for health needs - Modified diets usually have a decrease or an increase of one specific substance: sodium, fat, or carbohydrate. Weight control objectives can be supported by offering a modest range of food choices; for example, low fat or skim milk, whole grain or white bread, fresh or canned fruit. Menus can easily be adapted from regular diet menus. Nutrition service providers should not be expected to fill diet prescriptions if only one meal a day is provided; it is impossible to control eating practices the remainder of the time.

  Modified diets should be planned by a registered dietitian (R.D.). The participant, with a physician and dietitian, should determine if the menu meets the required health needs. The dietitian should ensure the proper preparation and service of diets by training cooks and site personnel, and by making periodic on-site visits.

- Special religious and ethnic menus - Dietary patterns are often a combination of foods native to a region and compatible with the habits and customs handed down through generations. It is fairly simple to plan meals to provide for cultural preferences of those at a congregate site. Foods from "down home" may encourage reminiscences, providing a relaxed and friendly meal.

  Understanding Food Patterns in the USA, published by the American Dietetic Association, contains many helpful suggestions to incorporate ethnic foods into menus. Cultural food patterns often provide excellent nutrition.

## E. PREPARING FOOD

Management is a science, but food preparation is an art. The nutrition service provider must combine science and art, but never let science override the art. Appendix IV-G contains a list of food preparation films, which illustrate ways of preparing foods that are esthetically pleasing.

### 1. Standardized Recipes

Every food preparation kitchen should develop and follow a set of recipes. Providers following the nutrient standard method for menu planning should use the recipes developed for that system. Order "Recipes for Quantity Service, Home Economics Research Report No. 5C" (Stock No. 0100-1495), and "Quantity Recipes for Type-A-School Lunches" (PA631) from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Quantity recipes are also available from food companies or they may be purchased in books or on cards.

Home recipes cannot be converted to large quantity recipes by simply multiplying ingredients because the amount of spices, thickening agents, etc., vary when cooking in large quantities. However, a skilled cook or food service director can usually develop a standardized recipe. Many experienced cooks prepare food from memory; assign someone to work with the cook to write down the recipe as it is prepared.

Standardized recipes are extremely important to a food service operation because they:

- help to determine amounts of food to be purchased
- control costs
- maintain portion control
- require less supervision because instructions are on the card
- facilitate uniform quality and taste
- enable a cook to be replaced due to illness, vacation, etc.

### 2. Conserving Nutrients

Planning menus that provide one-third of the RDA is only the first step in serving nutritionally adequate foods. Many nutrients present in uncooked food may be partially or completely destroyed by the time it is prepared: the B-complex vitamins and vitamin C are water soluble, so they can be leached out into the cooking water; vitamins C and A can be destroyed by air; riboflavin can be destroyed by light. It is important to conserve as much of the nutritional value of foods as possible.

Providers that prepare food in central kitchens and transport it to satellite sites should prepare and handle foods to maintain nutritive values. Here are a number of steps, with specific actions to follow, which may be helpful to large and small operations:

- Complete meal preparation as close to serving times as possible:
  - Serve juices immediately after pouring.

  - Cook vegetables just before serving.

  - Reheat canned vegetables to only 140-150 degrees F.

  - Use low temperatures for cooking meats. This helps retain B vitamins; precooking reduces B vitamins by a third.

  - Prepare cooked, enriched rice, macaroni, spaghetti, and noodles without rinsing or using excessive water. This saves nutrients.

- Refrigerate cold foods between preparation and serving:

  - Use sharp blades in trimming or cutting fresh fruits and vegetables. Bruising causes vitamin loss.

  - Cover and refrigerate diced or grated vegetables and fruits until serving time.

  - Keep green, leafy vegetables in moisture-proof bags or containers and refrigerate after cutting and cleaning.

- Prepare no more food than is needed.

- Cook vegetables to be crisp but tender. Use only as much water as needed to boil vegetables in containers with tight lids. Strongly flavored greens retain flavor and color when boiled without lids.

### 3. Tips On Savings

Food preparation techniques can influence the cost of raw food:

- Dry milk used in food preparation is less costly than fluid milk.

- Meats cooked at low temperature will not shrink much.

- Meat thermometers to assure that meat is not overcooked will prevent excessive shrinkage.

- Careful preparation will prevent waste (i.e., burnt foods).

- Standardized recipes save waste.

- Convenience foods purchased because employees do not know how to prepare other foods are wasteful.

## F. SERVING MEALS

Proper serving can mean the difference between a delicious and nutritious meal prepared within the food service budget and a costly, unattractive, lukewarm lunch.

Good meal service means that food is at optimum temperature, served in a pleasing and sanitary manner, in the correct portions, and displayed attractively on the plate.

### 1. Appropriate Temperature of Food

- All announcements, programs, etc., should be completed before the food service begins.

- Plates should be made available to participants as food is served on the plates. (It is not a good idea to portion all of the plates and then serve them.)

- Tables should be set, beverages served, condiments made available before serving the food.

- Sites that receive bulk food from central kitchens, and are not equipped with steam tables or similar equipment, should not remove the pans of food from the heat-retaining equipment or refrigerator until food servers are ready to portion it. If two pans of the same food are received, one pan of food should be kept in the heat-retaining equipment or refrigerator while the other pan is being served.

## 2. Table Service Methods

Two common methods of serving the plates are used by most nutrition providers: (1) waiter or waitress service; (2) cafeteria service. Family style, passing food at the table, is used less often. Each has advantages and disadvantages. Some sites use more than one style; table service for frail and handicapped participants, and cafeteria service for those able to pick up their own meals.

- Advantages of table service
  - It works better than cafeteria service in a limited space.
  - It may give participants a feeling of being guests at the site. This can be an advantage or a disadvantage because it may result in the expectation of being waited on by volunteers.
  - It discourages participants from requesting that items be left off their plates.
- Disadvantages of table service
  - It requires more volunteers or staff.
  - It requires training servers so that cups are not held by the rim, plates are not stacked, etc.
- Advantages of cafeteria
  - It may result in serving participants more quickly.
  - If menu allows for choices, selection is easier.
- Disadvantages of cafeteria
  - Some health departments may require sneeze guards over food.
  - If sneeze guards are not available food must be set up so participants do not walk directly in front of pans of food.
  - Some participants may not be able to pick up their own meal.
  - Lines must be organized so that there is not a long wait. For example, last names A-M line up first on Mondays, and N-Z line up first on Tuesdays.
- Advantages of family style
  - This method of service may be preferred by participants be-

  - cause it is the way they serve meals at home.
  - Participants can control the amount of food on their plates.

- Disadvantages of family style
  - Some local and state health departments will not allow this type of meal service.
  - There is lack of portion control. (The last person to receive the bowl of peas may find very little left.)
  - Some participants may not choose selections that result in a meal that provides one-third of the RDA.

## 3. Portion Control

The same amount should be served to each participant. Portion control not only affects participant satisfaction, it also helps to control food costs and caloric content.

Food service workers must have adequate tools and be trained to use them to control portions effectively. Each site should be equipped with dietary scales and measuring cups. Servings for the first plate should be weighed and measured as a sample to indicate how to fill the other plates.

However, when food is prepared and served on site, portions can be adjusted more easily to meet requests for smaller servings. Those who require smaller amounts should not be forced to take food they will throw away.

Ladles are ideal for portioning soups, sauces, gravy, and juices. They are available with bowl capacities of ½ oz., 1 oz., 2 oz., 3 oz., 4 oz., 6 oz., 8 oz., and 12 oz. Scoops are commonly used portioning utensils. The number designated for each scoop indicates the number of level liquid servings that a scoop will yield per quart.

| Scoop | Serving Size |
|---|---|
| No. 8 | 1/2 cup or 4 ounces |
| No. 12 | 1/3 cup |
| No. 16 | 1/4 cup or 2 ounces |

## 4. Attractive Meals

Food should look delicious as well as taste delicious. An appealing plate of food whets the appetite and lack of appetite is a problem with many older people. Nutrition directors should stress to food service workers the importance of attractive plates. The correct use of garnishes and the thought that each plate is for a special person should be included in food service training.

## 5. Mealtime Climate

Food has no value if it is not eaten. A comfortable social climate at the site is essential to a successful nutrition service. The nutrition providers should consider these ideas:

- All congregate meal sites and programs should use equipment, including tables and chairs, that is sturdy and appropriate for older people.

- Tables should be arranged to assure pleasant dining atmosphere and encourage maximum socialization among the participants.

- Adequate aisles should be provided between tables to allow persons with canes or crutches to walk with ease, and to provide room for wheelchairs and walkers.

The social climate is established not only by furniture, dinnerware, or utensils, but by their arrangement and appropriateness. For example, a Chinese or Japanese population might prefer an eating arrangement of low tables and pillows with food served in bowls with chop sticks. The budget of the site should make adequate provisions for appealing social situations for participants to enjoy the meal and other social activities. Many community clubs, churches, or other local organizations are anxious to make contributions and should be considered as possible contributors to improve the meal site.

### 6. Meal Reservations

A recurring problem is too many people for the amount of food. Many sites use a reservation system to minimize the problem, and methods to establish this are discussed in Chapter III.

## G. CONTROLLING COST

The AoA food service study referred to in the introduction of this manual reports a wide variation in the per meal costs among individual providers, a situation which underscores the need and opportunity for better program management. Cost control is a key managerial responsibility.

### 1. Cost of Leftovers

Leftovers are overproduction, a visible reminder of a management problem. Either menu planning and food preparation are not controlled effectively or site staff is unable to project the number of participants accurately. Leftover prepared food should be only an occasional problem; but when there are leftovers, the director should follow prudent safety and sanitation guidelines in handling the food. Some items can be refrigerated and used as side dishes the next day. Others can be frozen for later use. If individuals have food left on their plates, the food can be wrapped and taken home. However, they should be cautioned on handling the food safely to avoid spoilage.

### 2. Energy Costs

Training staff to be energy-conscious and to modify wasteful habits results in lower energy bills. The following tips can lower energy consumption in a kitchen:[5]

- Clean light fixtures produce more light for the wattage.

- Pots should be 1" larger than the heating element or burner on the range.

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[5] Avery, A Modern Guide to food Service Equipment, pp. 314-331.

- Gas flames should be blue and just make contact with the bottom of the pot. (Flames licking up the side of the pot are wasteful.)
- Reflecting metal should be used under burners on a range.
- Only those sections of solid top ranges that will be needed should be heated.
- Range-heated pots should be covered.
- When food comes to a boil the heat should be turned down.
- Simmering is more efficient than boiling unless the food is to be reduced in volume.
- Preheating of equipment should be kept to a minimum.
- Foods cooked in an oven in shiny pans or foil require more energy than those cooked in dull pans.
- Ovens should be cleaned regularly.
- Oven doors should be kept closed.
- Steam jacketed kettles should be kept closed (Use of a mechanical stirrer prevents opening the kettle and saves labor.)
- Cooking in a minimum amount of water saves energy.
- Dishwashers should be full when run.
- Refrigerators should be opened as little as possible.
- Wrapping refrigerated foods reduces moisture and increases the efficiency of the refrigerator.
- The refrigerator should be checked to make sure it is standing level.
- Unnecessary packaging from foods to be refrigerated or frozen should be removed because a refrigerator is an expensive storage facility.
- Employees should be trained to be energy conscious; to save light, not to waste hot water, and not to cook at high temperatures.
- Energy efficiency of new equipment should be checked.

### 3. Labor Costs

An efficient schedule will result in reduced labor costs. A work assignment sheet can be used to describe tasks to be completed, the amount of food to be prepared, preparation time required, and other necessary instructions. This sheet should include the work of volunteers as well as of paid employees.

Scheduling workers so that shifts overlap at the noon hour will help reduce labor costs. For example, at an on-site preparation unit of two paid employees who work four hours each, one employee may arrive at work at 9 a.m. to begin preparing the meal while the second worker arrives at 10:30 a.m. If lunch is served at noon, the second worker will have from 1:00 to 2:30 p.m. for clean-up time.

Consider the availability of volunteer help when scheduling paid employees. In the example above, if volunteers are available for serving then paid employees can begin pre-preparation activities for the next day's meal while today's meal is being served.

Nutrition directors should observe the work flow in the kitchen. Determine when slack times occur, when volunteers are available, when more employees are needed, and schedule employees accordingly. If the food service operation depends heavily on volunteer help, be sure the volunteers understand that they must be available when scheduled and they must follow prescribed procedures. Job descriptions should be written for volunteer positions as well as paid positions.

## 4. Available USDA Commodities

The availability of commodities from the United States Department of Agriculture (USDA) to nutrition services is based on the Older Americans Act. The law provides for the state to elect to receive donated foods in lieu of cash payments for all or any portion of its allocation.

Providers electing to use commodities will need to assure the state agency that adequate transportation and storage are available, and that the commodities will be used.

State agencies have an agreement with the USDA State Distributing Agency to assure the availability to providers of food, cash, or a combination of food and cash. Many states based this decision on the preference of nutrition providers, although some states do not allow nutrition providers the option of the combination of food and cash.

Use of USDA commodities allows the providers to increase the number and/or quality of the meals. The decision of whether to obtain food, cash-in-lieu of food, or the combination of cash and food needs to be based on the answers to many questions:

- Which method will provide the best quality of nutrition services?
- Which methods are most cost-effective?
- Can the provider effectively utilize the donated food items in the menu? Do participants eat donated food items? Is preparation feasible and cost-effective?
- What are the modes and costs of transportation from the state distributing agency to the nutrition provider storage area? If food is shipped by rail, what resources at what costs are available to transport it from the rail car to the storage area?
- What food storage areas are available and at what cost? What costs and problems will be incurred if storage is in a location away from the food production center?
- How much administrative time and/or labor will be required to complete USDA reports and inventories?
- Can the provider purchase food of comparable nutritional value at an equal or lower cost locally?

Utilization of donated foods has been most effective for providers that prepare their own food at one or more food preparation centers. It has been least effective in contracts with caterers that provided meals as a part of a larger food service operation such as a hospital or a university caterer.

Choosing cash in lieu of donated foods. Federal regulations require that programs that choose cash in lieu of commodities assure USDA that the money received is used to purchase food produced in the United States. Programs with catering contracts frequently prefer this method. Some advantages are:

- fewer administrative details. The procedure is purely financial, thus monthly inventories and arrangements for transportation and storage are eliminated.
- greater menu flexibility. The cash method fits into any menu rather than adjusting menus to fit the food on hand.
- Cash is easier to use.

Choosing USDA donated foods. Providers that choose to receive USDA donated foods will receive food equal in value to the number of meals they serve multiplied by the entitlement as set by USDA. The USDA Food Distribution Program state cooperating agency will contact the provider when foods are available and request an order for each food that the provider can use in a reasonable period of time (usually six months). It is the responsibility of the nutrition director to provide this estimate.

USDA commodities are then shipped by rail to the state. Transportation and storage of USDA foods are the responsibilities of the user. Providers may enter into agreements with other agencies that receive USDA foods (such as schools) to share transportation and storage costs and responsibilities.

If the provider does not have access to free storage most urban and some rural areas have dry, refrigerated, and freezer storage areas for rent.

USDA foods received by nutrition providers are similar to food that is purchased. USDA regulations allow recipients of donated foods to enter into processing contracts to have USDA foods made into more easily used items. For example, salad oil can be made into mayonnaise; flour can be made into rolls; canned poultry can be made into chicken pot pies. Nutrition directors should work with their AAA, state unit on aging, and USDA state cooperating agency when entering into such contracts.

Monthly inventories of USDA foods are required and inventory procedures described earlier should be used. The state distributing agency will also provide an inventory form.

## VII. SANITATION

Providers that manage their own food service are totally responsible for the safe handling of the food. Providers that contract for food service are responsible for safe handling of the food after it is delivered by the vendor and for monitoring the operation of the food service vendor to ensure that proper methods are used when food is prepared. All providers must be sure that either they or the food service vendor carry adequate liability insurance on the food served at nutrition sites. All food must be wholesome and free from any contamination that could cause illness. Food borne illness may have a greater impact on an older person who is physically frail than on other people.

Nutrition directors should be familiar with federal, state, and local health rules and regulations. Sanitation requirements for services funded under the Older Americans Act are:

- Nutrition service providers must follow appropriate procedures to preserve nutritional value and food safety in the purchase, preparation, and delivery of meals.
- Nutrition service providers must comply with all state and local health laws and ordinances concerning preparation, handling, and serving food.

Copies of state and local regulations can be obtained from the local health department. All kitchens and sites should have annual health inspections and should post the health department certificate at the site.

## A. SANITATION PROCEDURES ON-SITE

Care should be taken from the time the raw food is received from the vendor until the time the prepared food is eaten by the participant. State and local health regulations will prescribe most of the necessary precautions. It is the director's responsibility to understand the regulations, to train the food service personnel, and to monitor the food service to ensure that correct procedures are practiced daily.

## B. SANITATION PROCEDURES FOR CONTRACTED FOOD SERVICE

The contract between the nutrition provider and the vendor should require the vendor to abide by all federal, state, and local health regulations.

Appropriate nutrition provider personnel (preferably the dietitian) should inspect the vendor's food preparation facility when food for the nutrition service is being prepared and make unannounced visits. Inspecting the vendor's facility unannounced during actual preparation will emphasize the importance of high standards in sanitation and food preparation.

## C. COMPREHENSIVE SANITATION AND FOOD HANDLING PROCEDURES

Correct sanitation and food handling procedures should be practiced at the congregate site. Even when food is not prepared at the site, the local health department should be asked to inspect the facility to ensure that it is adequate for serving the meal and for storing necessary supplies. Refrigerators and other holding equipment should be monitored regularly. The calibration of food thermometers should be checked at least monthly, and more often if food temperatures are incorrect. Food handling at the site should be monitored continually and training for food servers should be provided regularly. Health departments will have materials on a food service manager training and certification program, and will be able to provide training and technical assistance.

Site managers should understand the relationship between food temperatures and bacterial growth that result in food-caused illnesses. Some site managers may think that the only purpose in checking temperatures is to make sure that food is appropriate for consumption. Explain that bacteria grow rapidly in foods that are in the temperature range of 60° to 125°F and that the longer foods are that warm the more bacteria will multiply. Understanding food spoilage and understanding that spoiled food does not always change in taste, aroma, or appearance can prevent possible illness.

Food servers should be taught correct food handling techniques such as:

- Wash hands with soap before serving food.
- Wear a hairnet or cap (for men with short hair) when serving food.
- Wear a clean uniform or apron when serving food.
- Avoid touching face, hair, etc., while serving food.
- Do not serve food with cut, burned, or sore hands or with a cold or other communicable diseases.
- If plastic gloves are used to serve food, use them only to touch food and food contact surfaces.
- Hold cups by the side, not the rims. Hold flatware by the handle.
- Do not balance plates by putting thumbs inside the plate.
- Do not smoke, eat, or chew gum while serving food.
- Be sure that hair, fingernails, and clothes are clean.
- Use disposable tissue when coughing or sneezing, and wash hands again before serving food.

Proper sanitation procedures should be followed for cleaning food service equipment that stays at the site such as thermometers, can openers, knives, coffee makers, etc.

Additional sanitation information is in Appendix IV-H.

## VIII. SAFETY

Accidents in and around food preparation and service are common. Falls, cuts, burns, and back injuries are reported most often. Training personnel responsible for preparing and serving food, enforcement of safety rules at the site, and proper use and maintenance of equipment will prevent most accidents. Safety begins with design of the kitchen, purchase of equipment, adequate lighting, proper installation of equipment, availability of fire extinguishers, and the day-to-day chores of employees. Nutrition providers should have an ongoing safety training program, a monitoring system for safety (including equipment maintenance), and a procedure for reporting accidents when they happen. (Appendix IV-I contains information to be used for food service safety training.)

Safety procedures for the dining areas of sites should be developed. Plastic wrappers from disposable flatware, food spillages, and other debris on the floor may cause falls. Site managers and participants should be safety conscious so that spills are cleaned up immediately, smokers are careful, and participants help one another.

Be aware of the possibility that participants may choke while eating. Provide training by qualified persons in the Heimlich maneuver for site managers and participants at least twice a year, so that assistance for a choking person is readily available.

## CHAPTER IV
# APPENDICES

IV-A. REFERENCES

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## APPENDIX IV-A

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## APPENDIX IV-B.

## MEAL COST WORKSHEET

### COST OF MONTHLY CATERED MEALS

Cost of Total Meals Purchased $____________
(# meals x cost per meal)

Cost per meal $____________

Additional food* costs +$____________
(compute in same manner as for raw food costs for provider-prepared foods)

Cost of Total Catered Meals $____________

Catered Cost per Meal $____________
total meal cost
# meals

*Indicate which of the following foods are supplied by the program:

______ milk
______ coffee or tea
______ sugar
______ cream or substitute
______ bread
______ condiments (salt, pepper, etc.)
______ margarine or butter
______ other: ____________________

### MONTHLY VALUE OF DONATED FOOD

Fair market value (FMV) of any food donated to the provider served as part of the menu which replaces a required menu item. $____________

FMV of all other donated foods served in addition to the required menu items +$____________

Total value of all donated foods $____________

Per-meal value of donated foods for month $____________
Total Food Value
# meals served

### VALUE OF VOLUNTEER LABOR USED IN FOOD PRODUCTION

FMV of all volunteer labor used in food production and service which, if not available, would have to be provided by paid staff. (For cooks, multiply the total number of hours by the going rate for cooks in the area. For all others, multiply the total number hours by minimum wage.) $____________

Per meal value of volunteer labor $____________
labor
# meals served

## IV-B-2

# COST OF MONTHLY ON-SITE MEAL PREPARATION

### Monthly Raw Food Cost

Beginning Inventory $____________________
Month's Food Receipts +____________________
Closing Inventory -____________________
Total Cost of Raw Food $____________________
Raw Food Cot per Meal $____________________

$$\frac{\text{Total Cost Raw Food}}{\text{\# Meals Served}}$$

### Monthly Supplies Cost

Beginning Inventory $____________________
Nonfood Supplies Receipts +____________________
Closing Inventory -____________________
Total Supplies Cost $____________________
Supplies Cost per Meal $____________________

$$\frac{\text{Total Supplies Cost}}{\text{\# Meals Served}}$$

### Monthly Labor Cost

Food Service Payroll $____________________
Other Indirect Cost +____________________
Total Food Service Labor Cost $____________________
Labor Cost per Meal $____________________

$$\frac{\text{Total Food Service Labor Cost}}{\text{\# Meals Served}}$$

### Monthly Facility and Storage Cost

Rental Cost for Food Preparation Areas $____________________
Rental Cost for Food Storage Areas +____________________
Total Facility Cost $____________________
Facility Cost Per Meal $____________________

$$\frac{\text{Total Facility Cost}}{\text{\# Meals Served}}$$

### Monthly Equipment Cost

$____________________

$$\frac{\text{Cost of Equipment}}{\text{\# Months Usage}}$$

### Equipment Cost per Meal

$____________________

$$\frac{\text{Monthly Equipment Cost}}{\text{\# Meals Served}}$$

### Other Monthly Service Costs

Sum of all other related food service costs $____________________
Cost per Meal $____________________

$$\frac{\text{Other Costs}}{\text{\# Meals Served}}$$

## APPENDIX IV-C.

## BASIC EQUIPMENT FOR ON-SITE PREPARATION

| EQUIPMENT | MEALS PREPARED DAILY | | |
|---|---|---|---|
| 1. Cooking and Baking Equipment | up to 100 | 100-200 | 200-400 |
| Range with double oven | 1 | 1 | 1 |
| Convention Oven | - | 1 single | 1 double |
| Steam jacketed kettle | - | 1-20 gal. | 1-30 gal. |
| Hood above all cooking equipment with exhaust fan, filters, and lights | 1 | 1 | 1 |
| 2. Mechanical Equipment | up to 100 | 100-200 | 200-400 |
| Mixer with portable stand | 1-20 qt. | 1-20 qt. | - |
| Mixer - floor model | - | - | 1-30 |
| Mixer attachments | | | |
| 9" vegetable slicer | 1 | 1 | 1 |
| 3/16" shredder plate | 1 | 1 | 1 |
| 5/16" shredder plate | 1 | 1 | 1 |
| Food slicer (12" diameter blade) | - | 1 | 1 |
| Table mount can opener | 1 | 1 | 1 |
| Coffee maker (appropriate size) | 1 | 1 | 1 |
| Refrigerator - reach-in | 25-45 cu. ft. | 45 cu. ft. | 60 cu. ft. |
| Freezer - upright or chest | 20 cu. ft. | 20-40 cu. ft. | 40 cu. ft. |
| 3. Refrigeration Equipment | | | |
| Refrigerator - reach-in | 25-45 cu. ft. | 45 cu. ft. | 60 cu. ft. |
| Freezer - upright or chest | 20 cu. ft. | 20-40 cu. ft. | 40 cu. ft. |

| | | | |
|---|---|---|---|
| 4. Sinks | | | |
| Handwashing | 1 | 1 | 1 |
| Vegetable or Salad with | | | |
| work table | - | - | 1 |
| Pot/dish sink | 3 comp. | 3 comp. | 3 comp. |
| Mop sink | 1 | 1 | 1 |
| 5. Dishwashing Equipment | up to 100 | 100-200 | 200-400 |
| (will not be necessary if use disposable tableware) | - | 1 single tank conveyor | 1 single tank conveyor |
| 6. Tables | | | |
| Preparation table with overhead pot rack | 1 | 1 | 1 |
| Hot food table | 1 | 1 | if central kitchen, may use transportation equipment in place of hot food table |
| 7. Portable Equipment | | | |
| Portable shelving units | 1 | 1 | 2 |
| Utility carts | 1 | 1 | 2 |
| Handtruck | may need if workers are older persons | may need if workers are older persons | 1 |

| | | | |
|---|---|---|---|
| 8. Small Equipment | | | |
| Hand mixer | 1 | 1 | 1 |
| Cutting boards | 1 | 2 | 2 |
| Mixing Bowls | | | |
| 4 qt. | 4 | 4 | 3 |
| 8 qt. | 2 | 2 | 3 |
| 12-16 qt. | 1 | 2 | 3 |
| 30 qt. bowl, mobile stand unit | - | - | - |
| Brushes | | | |
| vegetable | 2 | 2 | 2 |
| cleaning | 2 | 2 | 2 |
| Colanders | | | |
| 4 qt. | 1 | 1 | 1 |
| 16 qt. | 1 | 1 | 1 |
| | up to 100 | 100-200 | 200-400 |
| Cutlery | | | |
| Bread knife | 1 | 1 | 1 |
| French knife (10" blade) | 2 | 2 | 2 |
| All purpose knife (6-8") | 1 | 2 | 2 |
| Paring knife (2'"-3") | 2 | 3 | 4 |
| Peeler-floating blade | 2 | 3 | 4 |
| Spatula-narrow | 1 | 1 | 2 |
| Spatula-wide | 1 | 1 | 2 |
| Pie Server | 1 | 1 | 2 |

| | | | |
|---|---|---|---|
| Cook forks | 2 | 2 | 3 |
| Ladles | | | |
| 2 oz. | 1 | 1 | 1 |
| 4 oz. | 1 | 1 | 1 |
| 8 oz. | 1 | 1 | 1 |
| Measures | | | |
| dry nested measuring cups | 1 set | 2 sets | 3 sets |
| 1 cup | 2 | 3 | 4 |
| 1 qt. - grad. in cups | 1 | 2 | 3 |
| 1 gal - grad. in qts. | 1 | 2 | 3 |
| Nested measuring spoons | 2 | 2 | 3 |
| Serving Spoons | | | |
| Solid spoons | 4 | 6 | 8 |
| Slotted spoons | 2 | 4 | 6 |
| Scoops | | | |
| #16 | 2 | 2 | 2 |
| #12 | 1 | 1 | 1 |
| #30 | 1 | 1 | 1 |
| #40 | 1 | 1 | 1 |
| #8 | 2 | 2 | 4 |
| Scales | | | |
| 16 lb. | - | - | 1 |
| 8 lb. | 1 | 1 | - |
| 2 qt. pitcher with spout | 1 | 2 | 3 |
| Wire Whips | | | |
| 12" | 1 | 1 | 1 |
| 16" | - | 1 | 1 |

# APPENDIX IV-D

## RECOMMENDED MAXIMUM STORAGE TEMPERATURES AND CONTAINERS[1]

| Food | Suggested MAXIMUM temperature (°F) | Recommended MAXIMUM Storage Time and Container | |
|---|---|---|---|
| Canned products | 70 | 12 mo. | can |
| Cooked dishes with eggs, meat milk, fish, poultry | 36 | | serve day prepared |
| Cream filled pastries | 36 | | serve day prepared |
| Dairy products | | | |
| milk (fluid) | 40 | 3 da | in original container, tightly covered |
| milk (dried) | 70 | 3 mo | in orginial container |
| butter | 40 | 2 wk | in waxed cartons |
| cheese (hard) | 40 | 6 mo | tightly wrapped |
| cheese (soft) | 40 | 7 da | in tightly covered container |
| ice cream and ices | 10 | 3 mo | in orginal container, covered |
| Eggs | 45 | 7 da | unwashed, not in cardboard |
| Fish (fresh) | 36 | 2 da | loosely wrapped |
| shellfish | 36 | 5 da | in covered container |
| Frozen products | 0<br>(to-20) | | |
| fruits and vegetables | | 1 growing season to another | original container |
| beef, poultry, eggs | | 6 to 12 mo | original container |
| fresh pork (not ground) | | 3 to 6 mo | original container |
| lamb and veal | | 6 to 9 mo | original container |
| sausage, ground meat, fish | | 1 to 3 mo | original container |
| Fruits | | | |
| peaches, plums, berries | 50 | 7 da | unwashed |
| apples, pears, citrus | 50<br>(to 70) | 2 wk | original container |
| Leftovers | 36 | 2 da | in covered container |
| Poultry | 36 | 2 da | loosely wrapped |
| Meat | | | |
| ground | 38 | 2 da | loosely wrapped |
| fresh meat cuts | 38 | 6 da | loosely wrapped |
| liver and variety meats | 38 | 2 da | loosely wrapped |
| cold cuts (sliced) | 38 | 6 da | wrapped in semimoisture-proof paper |
| Meat | | | |
| cured bacon | 38 | 1-4 wk | may wrap tighlty |
| ham (tender cured) | 38 | 1-6 wk | may wrap tightly |
| ham (canned) | 38 | 6 wk | may wrap tightly |
| dried beef | 38 | 6 wk | may wrap tightly |
| Vegetables | | | |
| leafy | 45 | 7 da | unwashed |
| potatoes, onions, root vegetables | 70 | 7-30 da | dry in ventilated container or bags |

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[1] Oregon State University, Handbook for Site Operations, The Nutrition Program for the Elderly (Corvallis, OR, School of Home Economics, December, 1975).

## APPENDIX IV-E

## SAMPLE PERPETUAL AND PHYSICAL INVENTORY FORMS

### PHYSICAL INVENTORY OF FOOD SUPPLIES

Inventory of Food Supplies

| Date | | | Quantity | | Cost | Total | |
|---|---|---|---|---|---|---|---|
| | Item (a) | Unit (b) | On Hand (c) | On Card (d) | (e) | (f) | |
| 1 | | | | | | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | | | | | | | 5 |
| 6 | | | | | | | 6 |
| 7 | | | | | | | 7 |
| 8 | | | | | | | 8 |
| 9 | | | | | | | 9 |
| 10 | | | | | | | 10 |
| 11 | | | | | | | 11 |
| 12 | | | | | | | 12 |
| 13 | | | | | | | 13 |
| 14 | | | | | | | 14 |

### PERPETUAL INVENTORY STOCK CONTROL CARD

Food Item Sliced Peaches Packaging Description 6 #10 cans/case Unit Cost $15 Case

| Date | Amount Received | Amount Used | Amount on Hand | Physical Count |
|---|---|---|---|---|
| 1 | | | | 1 |
| 2 | | | | 2 |
| 3 | | | | 3 |
| 4 | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
| 11 | | | | 11 |
| 12 | | | | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 | | | | 18 |
| 19 | | | | 19 |
| 20 | | | | 20 |
| 21 | | | | 21 |
| 22 | | | | 22 |
| 23 | | | | 23 |
| 24 | | | | 24 |
| 25 | | | | 25 |

Developed by El Paso City-County Nutrition, 4248 Alberta, El Paso, Texas 79905.

## APPENDIX IV-F

## COMPUTER PROGRAMS FOR FOOD SERVICE OPERATIONS

Computerized programs are available for use in food service operations that perform functions such as: nutritional analysis, recipe storage, nutrition education, menu planning, inventory and production control, cost accounting, intake analysis, RDA percentage, calorie counting, route planning and are adaptable to fit other provider needs. Information and lists of computer programs are available from several sources, including:

Fred Buchholtz
Neighborly Senior Services, Inc.
440 2nd Avenue North
St. Petersburg, Florida 33701

Computer Information Center
University of Washington
3737 Brooklyn Avenue, N.E.
Seattle, Washington 98105

Computer Information Center
Los Angeles Valley College
5800 Fulton Avenue
Van Nuys, California 91401

# APPENDIX IV-G

## FOOD PREPARATION FILMS

The following audiovisuals teach a wide range of skills and attitudes in food preparation and kitchen operations service. Running time is approximately 10 minutes each. They can be loaned free of charge from:

The Food and Nutrition Information Center
National Agriculture Library
Room 304
Beltsville, Maryland 20705

Telephone: (301) 344-3719
(24-hour telephone monitor)
Office hours: 8:00 - 4:30

- BROILING - Demonstrates procedures for quality broiling of steaks, hamburger, poultry, fish and other foods. Shows importance of coordinating with serving staff, controlling heat for searing and cooking, and correct handling of delicate meats. Includes how to attractively mark meats, test for doneness, turn without piercing and prevent sticking. Also includes details on operating and cleaning equipment.

- A COOL HEAD FOR SALADS - Explains principles and procedures essential for preparing green salads. Demonstrates techniques for cleaning, storing and cutting iceberg lettuce. Preparation of wide range of other lettuces, vegetables, fruits and garnishments. Illustrates, and demonstrates importance of proper salad presetation including color and design, emphasizing imaginative uses of garnishments in final preparation of salads.

- PREVENTING WASTE - Cleverly dramatizes ways to avoid wasteful practices and save money in all food service operations. Personified as a villainous and shadowy figure, The Waster is shown discarding perfectly good food, ignoring portion control, and being wasteful in handling and storing of food, dishware, utensils, etc. Encourages employee awareness and responsibility with special emphasis on rules that can be followed to prevent waste.

- USING STANDARDIZED RECIPES - Shows how to interpret and use standardized commercial recipes. Includes necessity for advance planning, precautions in substituting ingredients, conversion of weights and measures, and proper techniques for cooking and preparation. Emphasizes portion control and presentation and appearance of the completed recipe on a serving plate Presents utilization of several different types of recipes.

- CAFETERIA SERVICE - Demonstrates basic job responsibilities of food servers in cafeterias. Presents information on portion control, presentation of plates, and proper maintenance and stocking of serving trays. Includes tips on personal appearance, customer relations, as well as techniques for keeping the line moving at maximum speed. Application to commercial and industrial cafeterias, schools, hospitals, armed forces, buffets, smorgasbords, etc.

- ROASTING - This basic cooking method is presented in step-by-step demonstration of procedures to assure perfect roasting results. Use of racks, pans, and ovens shown in preparation of beef roasts and turkey. Importance of meat thermometer and its use explained. Includes pros and cons of high-temperature searing. Low temperatures stressed for minimum shrinkage. Additional tips on quantity roasting, basting, time, and temperature.

- BRAISING AND STEWING - Demonstrates processes of braising and stewing from initial choice of meat through browning, seasoning and sauce, to final preparation. Features preparation of beef pot roast and French lamb stew to show comparison between the two methods, stressing amount of moisture used, handling of gravies, cuts of meats. Low temperature simmering explained and other hints given to glamorize the less-tender cuts used in braising and stewing.

- VEGETABLE PREPARATION - Shows the essentials of vegetable preparation, including how to maintain color, taste, texture, and nutrition. Shows proper procedures for boiling and other cooking methods including steaming, sauteeing, deep fat frying. Exposes errors of overcooking, use of excessive water, delays, bad planning, and harmful additives. Detailed sequence shows acceptable ways of preserving or heightening color. Creativity encouraged in sauces, presentation. Fresh and frozen vegetables used.

- SIMMERING AND POACHING - Detailed demonstrations of methods of cooking in liquids including totally submerged meats and poultry as well as poached items. Helps define and differentiate various moist-meat preparation techniques. Use of steam kettles and top-of-range cooking shown. Presentation stressed. Boiling versus simmering fully discussed. With "Braising and Stewing" gives complete training in moist-meat cookery.

- FAST SANDWICH-MAKING - Shows importance of planning and how to organize for fast action in cold sandwich production. Stresses time- and labor-saving approaches and teamwork. Demonstrates, step by step, efficient sandwich-making methods that do not sacrifice quality for quantity. Includes proper techniques of using sandwich-making tools.

- RECEIVING AND STORING - Basic principles of receiving and storing foods. Shows importance of proper procedures in checking quality and quantity of received goods. Includes detailed explanation of both dry and refrigerator storage to prevent contamination, waste, and pilferage. Motivates employees to greater care in work by showing importance of storeroom in maintaining control of merchandise.

- EYE OF THE SUPERVISOR - Equips supervisory personnel for the basic task of reviewing and evaluating employee performance. Discusses two sides of the "seeing" process by stressing that supervision involves both collecting and evaluating information before acting. Emphasizes the need for an "open mind" behind the "open eye"; open to all facts and especially receptive to positive as well as negative information about subordinates. Includes importance of listening, basic job needs, approval, recognition, and consistent standards. Finally, the supervisor's eye must be turned upon him/herself for constant self-evaluation and self-improvement.

# APPENDIX IV-H

## SANITATION CONCERNS

### SAFE HANDLING OF FOOD

Food in large quantities requires special care in preparation and service to assure that it is safe for human consumption. Whether volunteers or professional food workers are employed, they must be given instructions in safe food handling practices. There must be consistent supervision and continuing training to reinforce the original instruction.

Good "handling" means protecting the wholesome food from contamination and spoilage during storage, preparation, and service. Such precautionary measures as storing perishable food below 45°F, using clean equipment during preparation, and having only healthy workers prepare food must be observed in order to prevent food-borne illness.

The following are suggestions for the safe preparation and holding of food and should be followed where food is prepared on-site.

1. Purchase and use only wholesome foods in preparation of meals. Wash all fruits and vegetables before use.

2. Use sanitary utensils such as forks, tongs, and spoons, or have employees wear disposable gloves for tasks requiring mixing or handling, such as the shaping of meat patties.

3. Refrigerate all potential hazardous foods as soon as possible after preliminary preparation and at the end of the serving period. Potentially susceptible to food spoilage are meat, poultry, seafood, eggs, milk, and milk products. They require care in handling, particularly if in mixtures with other foods. Examples of mixtures are cream pies, salads made with meat or mayonnaise, custards, and dishes made with cream sauce. Sliced cooked meats are especially perishable. Try to refrigerate food within 30 minutes after completion of a task.

4. Do not hold potentially hazardous foods between 60°F and 120°F for longer than two hours. Bacteria capable of causing food borne illness multiply most rapidly at these temperatures. Care must be taken to prevent cooking of potentially hazardous food at temperatures below 140°F, holding food at lukewarm temperatures, thawing frozen foods in the open kitchen, refrigerating hot food in large batches, and displaying food at room temperatures.

5. Thaw frozen foods that are potentially hazardous in refrigerated units. Allow 24 to 48 hours for large units of food, such as frozen prepared meat loaves, to thaw in the refrigerator. Freezing inhibits growth of bacteria in food but does not destroy bacteria.

6. Cook food rapidly and serve promptly after cooking. If it is not to be served immediately, cool quickly in the refrigerator or freezer.

7. Do not refrigerate food prepared in advance or leftovers intended for future use for over 24 hours. Package and freeze food requiring more than 24 hours holding time at -10°F or lower.

8. Refrigerate or freeze hot masses of food in two-inch shallow pans. Place the food on refrigerated racks so that there is free circulation of air. Cover and label products with their content, date of preparation, and approximate number of servings. Bring the center mass of food to a temperature of 45°F within four hours.

9. Reheat refrigerated prepared foods at temperatures high enough to kill harmful microorganisms (150° to 165 °F). Hold hot food for no longer than 20 minutes at a minimum of 140°F, as extending holding periods reduces quality of the food.

## HYGIENE PRACTICES OF PERSONNEL

The director or the person in charge of food service production and service should observe the health of employees and pay close attention to their work habits. In order to prevent food borne illness, food should be handled only by healthy food service workers. Persons with infectious diseases, infected cuts, boils, or burns and persons with any signs of an on-coming illness should report to the person in charge.

Physical examinations may or may not be a State or local public health requirement in the area, but they are a good safety precaution to take. It is recommended that employees who work with food be required to have a periodic physical examination every six to 12 months.

Those who work with food should:

- Have clean hands, hair, and fingernails; and bathe or shower daily
- Wear clean clothing and undergarments
- Practice good habits of personal cleanliness, such as washing their hands with soap and water before preparing or handling food, before leaving the restroom, after blowing their noses or smoking, after touching raw meat, raw poultry, or eggs, and after handling soiled dishes, garbage, or money

- Keep their hands aways from their face and hair
- Use disposable tissues to cover coughs and sneezes
- Cover their hair with nets or other head cover
- Use tasting spoons only once
- Use utensils rather than hand for mixing, and use disposable gloves if food must be manipulated by hand
- Do not smoke in the kitchen
- Use only clean, sanitary utensils in preparing, cooking, and serving food
- Keep work surfaces clean and orderly and clean up spills promptly
- Handle glasses by bases, cups by handles, and plates by rims, being careful to avoid food contact surfaces whenever possible.

## FACILITY SANITATION

Routinely clean and sanitize floors, walls, ceilings, restrooms, lockers, garbage disposal areas, and all places where food is prepared, stored, and served at the site. Cleaning removes dirt and sanitizing reduces bacterial counts. Agents used for cleaning and sanitizing may be combined for use in one application. Read the label and follow directions as stated on the products you use. Try to schedule cleaning when food is not being prepared, as dust raised may contaminate the food and mopping makes floors slippery, thereby contributing to accidents.

Restrooms require special attention and should be kept clean and well supplied with soap and paper towels or air-drying equipment.

There must be provision for adequate disposal of trash and garbage, both for holding and for pick up. Trash and garbage containers must have tight lids to prevent spillage and to avoid attracting and harboring insects and rodents. Besides being unsanitary, improperly stored trash and garbage can be unsightly and malodorous. The use of plastic liners in the cans helps keep them clean and makes them easier to clean. There should be enough garbage containers to hold all garbage and refuse betweeen collections. Cans after they are emptied should be cleaned inside and outside with brushes, detergent, hot water, and a sanitizing agent. Modern trash compactors are a most desirable piece of equipment for satisfactorily getting rid of disposable tableware and other trash.

The kitchen should be free of insects and rodents which may transmit diseases by contaminating food, equipment, and utensils. The use of screens on doors and windows is essential. Seek the advice of a professional exterminator if there are signs of rodent droppings, or gnawings, or if insect infestation is a problem.

## EQUIPMENT SANITATION

Equipment purchased should be designed for ease in cleaning. If it carries the National Sanitation Foundation seal, it has met these requirements.

During preparation of food, equipment may become contaminated by bacteria if it is not cleaned and sanitized after each use. Cleaning removes dirt and sanitizing reduces bacterial counts to a safe level. Special care should be taken to keep cutting boards, meat grinders, can openers, meat slicers, knives, mixing equipment and all utensils that come into direct contact with food scrupulously clean and sanitary. Too often these small pieces of equipment are forgotten and become breeding places for harmful bacteria.

The director or the person in charge of food preparation should demonstrate how each cleaning job should be conducted, showing the necessary tools and cleaning compounds to be used. This should be followed by a practice period under supervision.

A written cleaning procedure should be posted and should include:

- When and how often the equipment needs to be cleaned
- Any safety precautions to take in order to clean the equipment
- Specific instructions on the amount of detergent and the temperature of the water to use for washing, rinsing, and sanitizing.

Daily inspection of all routine cleaning by the director or a delegated staff member is extremely important in reinforcing training.

## DISHWASHING

Sanitary dishwashing procedures are essential to a safe food service.

Machine dishwashing is recommended. The machine should be operated properly and kept in good running condition. The procedure recommended by the manufacturer should be followed. It is the responsibility of the director to make certain that there is a supply of 180°F water available to sanitize properly the dishes in the rinse cycle. As noted in the discussion on equipment, a booster water heater connected to the dishwasher water inlet may be required to obtain this temperature. There should be no compromise on this sanitation standard. Dishes that have been rinsed at 180°F will be hot enough to air dry when they come out of the machine and should not be towel dried.

If dishes must be washed by hand, be certain that procedures recommended by the local or state health department are followed.

## APPENDIX IV-I

## SAFETY CONCERNS

Most accidents occur because of carelessness, lack of attention, too much speed, insufficient knowledge, lack of consideration for coworkers, or faulty equipment. Here are some reminders to help make your kitchen a safer place to work.

First, you must:

KNOW THE SAFETY RULES AND SET A GOOD EXAMPLE BY FOLLOWING THEM!

Then, observe the following.

### TRAINING AND SUPERVISION

1. Teach all employees to work in a safe manner. Train them in the use and the cleaning of equipment.
2. Maintain discipline. Enforce all safety rules.
3. Watch for and correct unsafe working conditions. Ask employees to report safety hazards.
4. Obtain immediate treatment from a doctor when an employee is injured. Incorrect treatment may be worse than no treatment.

### CARE OF EQUIPMENT AND WORK AREAS

1. Be sure equipment is in proper working condition, and report defects to your supervisor immediately.
2. Have faulty equipment repaired at once.
3. Be sure you know how to operate equipment before attempting to use it.
4. Check to see if safety devices are in working order.
5. Be sure all cutting utensils are sharp. A dull knife can be the cause of an accident. When using a knife, cut away from you. Wash knives separately, and do not let them lie in the sink. Store them in a knife holder or special drawer.
6. Be sure that food processing machines such as bread and meat slicers and chopping, mixing or grinding machines are equipped with safety guards and emergency stops. Shut off switch and pull plug before cleaning any electrical equipment.

7. Provide adequate lighting over all work centers.

8. Store equipment and supplies at least 18 inches below sprinkler heads to avoid obstructing them.

9. Keep stairways, work aisles, and traffic lanes clear at all times. Do not block fire doors.

10. Keep work areas clean and free from rubbish, waste, and other material that might be hazardous. Pick up paper clips, bands, and similar items immediately.

11. Keep floors clean and dry. Clean up water or other liquids and food particles immediately.

12. Keep floors in good repair.

13. Provide a place for everything and keep everything in its place.

14. Store knives in a rack. Never leave knives in a sink of water or place loosely in a drawer.

15. Close cabinet doors and drawers immediately after use.

16. Cut down with a knife on the cutting board. Never cut toward the hands, body or someone else. If a knife starts falling, do not grab it. Move out of the way.

17. Locate heavy or bulky materials on lower shelves when storing supplies.

18. Store cleaning supplies, poisons and detergents away from food. Leave in the original container when possible. If portioned into other containers, label completely and accurately.

19. Wear safe work shoes with closed toes and heels for added protection. Keep heels in good repair to prevent slipping.

20. Walk, do not run! Use the handrail while ascending or descending stairs.

## Tips On Safety Involving Equipment

The causes of many accidents in kitchen work do not involve equipment or material failures, but human failures. The prevention of accidents by eliminating their causes depends on an individual's willingness to conform with practices that are known to be safe. Safety is primarily a matter of one's personal attitude; a matter of one's individual effort. Some individuals are accident prone. All food service workers have a responsibility to be sure they are doing their part to prevent accidents.

## Avoid Electrical Shock

1. Disconnect electricity immediately after using. Do not pull electric plugs that have a "twist-lock." Turn plug first, then pull it.

2. Be sure the floor on which you are standing and your hands are dry before touching electrical equipment.

3. Do not use or tamper with equipment that is out of order, especially a worn cord. Attach appropriate sign showing a warning to other possible users immediately.

4. Identify danger areas, fuse boxes, and electrical outlets.

5. Be sure appliances are off before plugging them in.

## CARE OF HANDS AND FINGERS

1. Use a stomper or guide when feeding meat choppers, grinders and slicing machines.

2. Be very careful when handling glassware and dishes. Discard chipped or cracked pieces. Do not pick up broken pieces with hands, sweep them into a dustpan.

3. Beware of reaching into trash cans, there may be sharp objects that could cause wounds.

4. Never place hands or fingers inside a garbage disposal unit.

5. Use of gloves will save hands in many situations.

## BURNS

1. Turn pot handles away from the edge of the range when cooking. Use tight-fitting lids.

2. In removing a cover from a pot or pan, raise lid so steam will be directed away from you. When using automatic steamers, be sure the equipment is turned off before turning wheel to open door. Turn the wheel slowly to release the steam gradually.

3. Use care when reaching across any hot area.

4. Handle all hot foods and equipment with care and respect.

5. Before cleaning steam tables, dishwarmers, dishwashers, etc., make certain steam has been shut off and equipment is cool enough to handle.

## FIRE SAFETY

Fire is probably the worst thing that can happen in a food service kitchen. Fires can be caused by flammable liquids, gases, and chemicals, open burners in the kitchen, heating and cooking equipment, and storage of combustible materials. Serious fires occur often enough so that every employee in the food service area should know about the danger and how to meet it. Deaths have occurred in fires that were not serious because employees panicked or became confused, and many fires are caused by improper control of the dangers found in every kitchen.

To ensure adequate fire procedures, every employee must:

1. Know the floor plan for the kitchen and for the rest of the building; where the exits are on each side of the building, and the fire rules of the nutrition site.
2. Find out where the nearest fire-fighting equipment is in the work area.
3. In case of fire, pull the nearest alarm immediately. Don't wait for it to get out of control before pullling the alarm.

## FIRE EXTINGUISHERS

Fire extinguishers are close at hand in most food service kitchens. This is a law and inspectors will check regularly to be sure the fire extinguishers are in operating condition and in their proper place. Different kinds of fire extinguishers are used to put out different kinds of fires.

Some kinds of extinguishers are all-purpose and can be used on every kind of fire. When starting to work, know how to operate the fire extinguisher in the kitchen.

## BODY MECHANICS

There are certain conditions that determine how much you can lift:

1. Your physical fitness--the conditions of muscles and bones in your body, especially those in the back.
2. The size, shape, and weight of the object to be lifted.
3. The distances the object is to be lifted. Whether it is to be raised high or only one foot; carried just a few feet or farther; lifted on the stairs or on the level.

Test the weight of the load or object to be lifted. With knees bent, try lifting a corner. If it feels too heavy:

1. Get someone to help you
2. Split the load—make two trips
3. Get a hand-truck
4. Tip it end for end
5. Roll it
6. Drag it
7. "Jog" it along the corners

Correct Lifting Techniques

1. Place your feet about a foot apart for good balance and a firm base.
2. Squat close to the load, keeping your back as straight as possible.
3. Grip the object firmly and lift by pushing up with your strong leg muscles.
4. Hold the load close to your body as you rise.
5. Lift with your leg muscles, not your back, or your back muscles may be injured.

Correct Carrying Techniques

1. Don't carry objects too heavy for you.
2. Keep the load close to your body.
3. Never carry loads that prevent you from seeing where you are going. Watch your step.
4. Put down a load by bending hips and knees with your back straight and the load close to the body.
5. If the load is too heavy, get help.

## Correct Reaching, Twisting, Pushing and Pulling Techniques

1. Arrange the work so you don't have to twist, particularly when lifting. Turn with short steps and turn your whole body. Pivot with the feet. Twisting the back pulls the muscles and may result in straining them.
2. Stand close to the object to be moved by pushing.
3. Bend the elbows and put your hands on the load object. Do not push with arms or shoulder.
4. Keep back straight. Crouch and push with your legs.
5. Use leg and arm muscles, not your back.
6. When pulling, place the feet apart, one foot in back of the other. Keep close to the object to be moved.
7. Grasp the object to be pushed firmly and as close to its center of gravity as possible.
8. Crouch, lean away from the object, counterbalance the weight of the body with the resistance of the load.
9. Pull by straightening your legs. Keep your back straight.
10. Walk backward with crouching strides so the legs do all the work when pulling.
11. Use leg and arm muscles, not your back.

# CHAPTER V

## CHAPTER V

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## CHAPTER V

# HOME-DELIVERED MEAL SERVICE

Home-delivered meal service is an integral part of a larger in-home service system. Participants receiving home-delivered meals are homebound and are generally very different from those served by congregate providers. This chapter discusses the wide range of functions necessary to run an effective and efficient home-delivered meal service, including developing policy, distributing funds, staffing, coordinating with other services, determining eligibility and assessing need, selecting and managing the food service system, delivering meals, collecting contributions, providing emergency meals, and managing service information.

## I. THE EVOLVING IN-HOME MEAL SERVICE

Recently, the Office of the Inspector General of the U.S. Department of Health and Human Services did a national service delivery assessment of the home-delivered meals program.[1] It found the following to be true of the current program:

> The home meals program is expanding, and as it does, the ad hoc, informal, highly personalized approaches that worked well for a small scale effort, are becoming increasingly inadequate. Subtly and gradually, a more bureaucratic operation is emerging. Providers are getting larger, paid staff are often replacing volunteers, reporting requirements are increasing, and more standardized procedures and routines are being developed.

Another development, which has had little effect to date but may turn out to be even more consequential, is the growing public interest in in-home services as an alternative to nursing home care. As this interest intensifies, the home meals program is being viewed increasingly in the context of in-home services. In the process, its ties to the congregate nutrition program, which is geared to the active elderly, are starting to become strained. In conducting outreach, carrying out client assessments and reassessments, and developing plans of care, home delivered meals efforts, some observers say, should be closely integrated with other services directed to the frail, homebound elderly. The organizational implications of this integration have not even begun to be addressed in most communities.

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[1] Home Delivered Meals Program: A Service Delivery Assessment, Preliminary National Report, Washington, D.C., Office of the Inspector General, USDHHS, 1981, p.i.

Recommendations which came out of the study include the following:[2]

- "Focus home meals more specifically on the most vulnerable elderly (including those who are frail due to a temporary condition or illness).
- Conceptualize the home meals program as an important component of comprehensive in-home care.
- Recognize the program changes implied by such a new perspective, including improved assessment, coordinated linkages to other in-home services, and refined meal preparation and delivery systems."

These recommendations point to the need for improved design and management of in-home nutrition services. This is a joint responsibility of the in-home meal service providers, the area agency, and other in-home service organizations in the community.

## II. PARTICIPANT CHARACTERISTICS AND RESPONSES

Common characteristics of homebound older people are: isolated, handicapped, and psychologically troubled. It is important to recognize the effect of these characteristics on home-delivered meal recipients.

Isolated older people often feel that they are no longer members of a family or community; they suffer from lack of stimulation provided by others. In rural areas homebound people are isolated by geographic distance while the urban homebound experience isolation because they are not physically able to keep up with the hustle and bustle of life around them. Isolation can lead to feelings of worthlessness. It can also lead to neglect of self-care, loss of appetite, boredom, and depression. The regular visit of the deliverer of meals helps recipients overcome isolation.

Illness and disability result in many worries, including the possibility of not getting better, suffering a relapse, being displaced from home, not being able to pay expenses, and becoming dependent. When a disability interferes with normal activities or is disfiguring, the worry may be heightened.[3]

Chronic illness is especially frustrating because there is no prospect of recovery; conditions worsen (some more quickly than others), and pain and discomfort often cannot be alleviated. These people may become irritable and impatient or depressed. It is helpful to listen to their concerns, and an optimistic outlook can be encouraged by suggesting activities suitable to the strengths that remain.

Psychological responses to slowing down, not being able to cope with tension, tiring faster than before, and trouble with vision, hearing, eating, and sleeping make people feel and look old. The homebound may also become despondent over societal changes, loss of family and community roles, and losses caused by death of friends and loved ones. They may resent growing old and rebel against old age. A loss of personal dignity may result from mental confusion, loss of memory, personal untidiness, a return to childishness, and dependency.[4]

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[2] Ibid., p. i.

[3] National Homecaring Council, Homemaker-Home Health Aides Training Manual (New York, National Homecaring Council, 1967), pp. 113-114.

Individuals have different needs: some may be semi-homebound and can get out occasionally when there is assistance available; some will be permanently homebound due to severe impairment; others may be temporarily homebound recovering from surgery or an injury.

## III. SERVICE DECISIONS

There are two questions concerning in-home meal service which call for major decisions:

- What is the need and how will it be met?
- What should the duration and comprehensiveness of services be?

The AAA has final approval on service policy decisions.

### A. DOCUMENTATION OF SERVICE NEEDS

To justify establishing or expanding a home-delivered meals service, the need for HDM in a community or a service area should be documented. This is the responsibility of the area agency, but the area needs assessment is often done in coordination with existing nutrition services and other providers. Documentation of service needs should answer the following:

- How many people are handicapped? How many of those are 60 or over?
- Where do large numbers of elderly people live?
- Are there institutionalized older people who could return to their homes if meals were available?
- Are there older people who could be discharged from hospitals if meals were provided?
- Are there people who have indicated a need/desire for HDM? Where are they?
- Are there people/organizations currently providing HDM in the area?

Possible sources for this information include: AAA's, I&R services, home care agencies, nursing homes, community helping organizations such as visiting nurse associations and Title XX agencies, physicians, dietitians and other medical staff, churches, and local special interest groups.

### B. DURATION AND COMPREHENSIVENESS OF SERVICE

Home-delivered meal service is based on a determination of need. Decisions regarding the duration of services to home-delivered meal participants may be restricted by the availability of funds. However, the nutrition service provider should try to continue the home-delivered meal service to the participant when the service is critical to continued independence. HDM providers should regularly assess or arrange for assessment of participants to ensure that the services delivered are those most appropriate for the individual. (See Section VIII for additional information on assessment.)

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[4] Ibid., pp. 122-123.

Decisions about the number of meals to provide to participants will reflect the availability of other resources in the community as well as HDM policy. AAA's and nutrition service providers must study the feasibility of providing a second meal, a weekend meal, or therapeutic diets in addition to serving more participants with existing services. This decision must be coordinated with policy decisions concerning the target population and the duration of service.

# IV. FUNDING SOURCES

Two primary funding sources of HDM are Title III of the Older Americans Act (through AAA's) and private sources (agencies, corporations foundations, religious organizations).

## A. AREA AGENCY'S ROLE IN FUNDING

AAA's are responsible for awarding Title III funds. The basis for these service awards is the assessment of need for the kinds and levels of service to be provided. The effectiveness of existing resources must also be assessed by the area agency. If there is a need for HDM, Title III funds may be awarded by the area agency for service development and/or implementation.

The area agency, as the Title III awarding agency, is the final authority on the terms and conditions of contracts and determines the kinds and level of service to be provided, the target areas to be served, and the policies regarding the target population. The AAA is also responsible for monitoring, assessing, and evaluating Title III HDM.

## B. TITLE III FUNDING METHODS

Two Title III funding methods specify agency contracts or grants with other agencies for the service. In the third method, the area agency provides the in-home meal service directly.

Differences among the methods concern what administrative responsibilities the awarding agency, awardee, or subcontractee is delegated to provide. Agency tasks and responsibilities are specified in the service contract. The area agency and the awardee should work together to define and designate administrative and service responsibilities.

### 1. Contracted Service

Awards are made to an awardee to develop, administer, and/or provide in-home meal services. Typical awardees include: congregate meal providers; existing in-home meal providers; hospitals, nursing homes, and other institutions. The AAA is responsible for overseeing the award, but the provider agency is responsible for fiscal matters and for services.

### 2. Subcontracted Service

The area agency awards funds to an awardee that subcontracts with another agency to provide all or part of the in-home meal service. A congregate meal provider might subcontract to another agency for a specific service responsibility, such as meal preparation (caterers, hospitals, etc.). The contractor must ensure that the subcontractee is meeting the terms and conditions of the contract.

### 3. Area Agency Service

The state may permit the AAA to provide service directly, in a part or in all of the planning and service area. If the area agency is the direct service provider, the state agency is responsible for overseeing the awardee. Parts of in-home meal services can also be subcontracted by the AAA to another agency (e.g., catering service for meal preparation), but overall responsibility remains with the AAA.

## C. SERVICES WITH PRIVATE FUNDING

In many communities private, nonprofit, home-delivered meal services have been started by religious and civic groups. Some are over twenty years old and provide hot meals daily with the use of volunteers. Many have local community support and have raised funds from individuals, businesses, and charitable organizations to continue their service. The AAA or nutrition provider may contract with them for services and make use of an existing resource. Unnecessary and costly duplication of effort is avoided. Title III funds are governed by Title III regulations, AoA policies, and state and area agency policies.

Privately funded in-home meal services obtain funds from many sources, including participant fees, religious and civic donations, charitable organizations (such as the United Way), and direct community solicitation. These services are usually part of private, nonprofit corporations with a volunteer governing body. The governing body is usually representative of various sectors of the community, including business, religious and civic groups, and social service agencies. There should be accountability to funding sources which includes information about the numbers served and service costs. Sometimes private providers use retired nutritionists, social workers, and nurses to plan menus, screen participants, and do follow-up services.

A list of meal providers is available from the National Association of Meal Programs.

# V. STAFFING

Staff positions for home-delivered meal services might include:

- coordinator/director
- route coordinator
- outreach workers

- delivery staff/volunteers
- kitchen staff to prepare and package meals.

Some agencies combine several of these jobs. HDMs throughout the country have been especially resourceful in developing volunteer assistance; in some areas all positions are filled by volunteers. Sometimes a director is paid, but volunteers make all the deliveries.

The method of meal delivery influences staffing. Some providers deliver all meals to congregate sites where they are packaged and delivered to surrounding neighborhoods. Others have an in-home meals coordinator who supervises the delivery of the meals at a central location from which volunteers and/or paid staff deliver them. The coordinator usually sets routes, recruits, trains and supervises volunteers, and frequently provides outreach and assessment as well.

Each position should have a written job description that clearly outlines duties, roles, and responsibilities. Responsibilities common to most HDM service operations are listed below with specific duties under each.

- Financial management
    - making a budget
    - bookkeeping (Title III funds, other funds, contributions)
    - banking
    - purchasing equipment
- Food preparation
    - planning menus
    - purchasing and packaging food
    - cooking and packing meals
    - coordinating day-to-day meal counts and changes
    - labeling meals
    - cleaning equipment
    - supervising food service staff
- Delivery of meals
    - establishing routes
    - reviewing and adjusting routes
    - driving vehicles
    - taking meals and greeting the recipients
    - ensuring that meals are the proper temperature and suitable to eat
    - returning equipment to kitchen
    - establishing back-up people for all routes in an emergency
- Assessment of recipients' needs
    - evaluating initially
    - reassessing periodically (at least every six months)
    - acting on referrals
- Cooperation with other community services
    - providing information about the service to other agencies and groups

  - establishing agency referral mechanisms
  - making appropriate referrals and following up on them

- Recordkeeping/correspondence
  - keeping organized records
  - answering requests for information

- Managing volunteers
  - recruiting, screening, and placing
  - training
  - supervising
  - scheduling
  - evaluating
  - recognizing volunteer service

- Public relations
  - attracting volunteers and donations
  - identifying those in need of services
  - creating visibility and community support for the service

- Assessment and monitoring
  - surveying recipients
  - involving advisory council
  - monitoring meal service
  - assessing staff performance

# VI. LEGAL SAFEGUARDS

## A. LIABILITY INSURANCE

Liability insurance is a necessity for nutrition service providers. Coverage should be secured for the meals and for the staff.

The director and the governing body should investigate state insurance laws and interview several insurance agents in order to provide the agency with comprehensive, cost-effective liability insurance to cover volunteers as well as other staff. Governing bodies frequently appoint a committee to review and assess the insurance coverage of the agency. In some areas, providers have been included as part of a larger insurance package with units of local government.

While laws vary from state to state, liability generally covers accidents or property damage. It does not usually cover a volunteer who has an accident at the home of an in-home meals recipient, however, paid staff would be covered in most states by workman's compensation insurance.

## B. VOLUNTEER INSURANCE

Coverage can include accident, medical service, accidental death and dismemberment, personal liability, and extra automobile liability. Local insurance agents may be helpful in designing a package which meets a particular agency's needs.

# VII. COORDINATION OF IN-HOME SERVICES

Coordination means harmonizing various services in a common action or effort so as to maximize the available community services.

## A. SUGGESTED STEPS

Following are suggested steps for coordinating service delivery:

- Policymakers should get together or be brought together by the AAA (or other authority interested in older persons) to discuss coordination efforts.
- Coordinating bodies should include older persons; representatives of education and religious institutions; community leaders; medical, nutrition, and social service personnel; housing providers; and hospital and nursing home staff. From this coordinating body, subcommittees may be formed to deal with particular areas, e.g., outreach or community education.
- Goals should be clearly written to collaborate, to maximize each agency's resources, to avoid duplication, and to maintain a participant in the community as long as possible.
- Specific information should be provided to the coordinating group by each participating agency.

  For example, the groups should provide:

  - name, location, phone number, director's and board president's names
  - a description of service(s) that are provided and required fees or contributions
  - eligibility criteria
  - referral mechanism to initiate service
  - geographic area served
  - funding source(s)
  - case capacity for service
  - agency forms.
- Verbal agreements should become more formalized and written.
- Coordinating bodies can become separate corporations.

Time must be given to develop a trusting relationship. Effective service coordination evolves slowly.

## B. RECIPIENTS WITH MULTIPLE NEEDS

Older adults who are homebound are likely to need more than meal assistance. These extra services may include skilled nursing care, physical and occupational therapy, shopping, personal care, homemaker and chore services, temporary substitute caregivers, and friendly visitors. Services may be provided by either informal support (about 80% of the homebound elderly receive care from family members) or by formal services. It is important that these services be coordinated to meet needs and maximize efficiency. (For additional information on interagency coordination, see Chapter VI.)

Effective service delivery for individuals with multiple needs includes:

- easy access to services through one entry-point into the service delivery system
- assessment of total needs including health (physical and mental); environmental and financial conditions, participant understanding of the purpose of the assessment, and agreement to use several agencies to meet needs
- case management, which means the development of a plan based on comprehensive assessment, acceptance of the plan by the participant, arranging services from multiple agencies, and monitoring these services
- reassessment to ensure re-entry into community activities (when possible), or addressing more complex needs if participant's condition deteriorates.

## C. NUTRITION SERVICE COORDINATION

When there are several nutrition service providers, the AAA is responsible for coordinating in-home and congregate provider services. AAA's may designate nutrition providers to do nutrition service coordination, and agreements should be made to determine:

- the geographic area that each will serve
- the days of service delivery, number of meals delivered a day, and contribution mechanism
- method of referral
- cooperative arrangements in volunteer recruitment, training, outreach, and nutrition education.

## VIII. ELIGIBILITY AND ASSESSMENT

In-home meal recipients must be homebound and determined in need of the service. The spouse may also receive services, regardless of age, if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person. By AoA regulation, a homebound person is one who is homebound due to illness, incapacitating disability, or is otherwise isolated (e.g., has extreme transportation problems). There can be no income eligibility requirement; a means test cannot be used. A person should not receive meals if another service would be more appropriate or if the meal would jeopardize health.

The sophistication of the assessment process may vary depending on staff availability and expertise, agency objectives, and cost. As a minimum, it should indicate if an older person is eligible for in-home meal service. Ideally, it will also indicate any need for other in-home assistance.

## A. ELIGIBILITY AND ASSESSMENT RESPONSIBILITY

Responsibility for the assessment criteria rests with the AAA. Usually the AAA, in-home meal provider, and other service providers work together to define the target population and assessment criteria for in-home meals.

The responsibility for determining eligibility is designated by the AAA in the Title III service contract. It usually becomes the responsibility of a congregate or in-home meal provider but the needs assessment may be subcontracted to another agency with the approval of the area agency.

## B. ASSESSMENT CRITERIA

Home-delivered meal services are based on a determination of need. Assessment for in-home meals should be based on established criteria and on the needs of the older person. Informal, loosely applied assessment practices are inadequate for a service focusing on homebound older persons. When assessment is completed, an individualized meal service can be designed to match the need.

- Physical inability to prepare meals may be caused by: impaired vision, hearing, or mobility; general lassitude; dependence on medications and/or other life supports; medical needs; therapy (causing appetite loss); moderate or severe senile dementia; or other ailments such as alcoholism and drug dependence.
- Emotional inability can be temporarily or permanently disabling to a degree that affects the ability to acquire, prepare, and consume well-balanced meals. Many emotional disorders common in older persons (e.g., depression, alcoholism, and drug dependence) result in loss of appetite, apathy, and lassitude.
- Other inabilities can include the absence of a homemaker, family, or friends to assist with shopping and preparation of food; a lack of money to pay for enough food; lack of transportation for shopping; lack of facilities to store, prepare, and maintain foods safely; and a lack of knowledge about proper nutrition.

## C. DETERMINING ELIGIBILITY AND NEED

The degree and nature of an illness, disability, or isolation determines if in-home meal service is needed and, if so, what type. It is important to determine how often and for how long meals are needed. One way to avoid overdependence on in-home meals is to initially identify those applicants who only need the service temporarily.

The information to determine eligibility and need is best collected during a home visit. By making a home visit rather than using a telephone call, the provider can deal with misunderstandings and speech or hearing difficulties. The interviewer can also observe physical conditions, kitchen facilities, and living arrangements. It is wise to make an appointment to visit the applicant.

A standard form which can then become the service record should be used to collect the data. Basic information is needed: name, address, phone number, age, sex, name and address of doctor, name and address of someone to notify in case of emergency. To assist staff in making the eligibility determination, the older person should be asked why service is needed. It is also important to get information on the current medical condition, noting diseases and medications. If a special diet is requested, an order form should be sent to the doctor on which to specify the diet required. It is advisable to note ambulatory, visual, mental, chewing, and hearing disabilities, as well as whether the person lives alone. Information about religious affiliation, other services that are received, and sources of financial and personal support is helpful in an emergency. Service needs assessment and reassessment may indicate the lack of need for in-home meals. Eligibility criteria and policies should be explained to the applicant, including the fact that limited funds permit serving only those in greatest need.

## D. REASSESSMENT

Reassessment should occur at least once every six months to find out if the participant's condition has changed. Reassessment is performed to evaluate whether the need for service still exists and, if so, at what level. The continuation of service for persons who are not in need creates service dependency, which does not support the goal of maximum independence. There are two reasons why it is important to discontinue home-delivered meals when not required. The first is that if participants are able to attend the congregate site, it is generally beneficial for them to become involved with others and see what is going on in the community. This mobilization can provide a stimulation which keeps older persons socially engaged in a meaningful way and fend off feelings of isolation, alienation, and depression.

Some older persons may resist pressures to keep them involved and active, but generally they benefit both physically and emotionally in having some place important to go and something meaningful to do. While they may fear meeting new people, being accepted, etc., the social environment during meal time enhances the appetite and digestion and provides enjoyment and pleasure from being with others.

The second reason is that home-delivered meals, in most instances, cost more and are more difficult to provide in a satisfactory manner than congregate meals.

Reassessment may also indicate HDM service continuation or the need for some other services. If needs have increased, additional services may be necessary. Some frail older persons are not capable of remaining in their homes even with maximum in-home meal assistance and other services. Reassessment may then indicate that a comprehensive assessment should be made to ensure that appropriate alternatives are explored. Such an assessment is done by nutrition staff only under AAA direction.

## E. COMPREHENSIVE ASSESSMENT

A comprehensive assessment or reassessment is usually done in the home and should evaluate the participant's functioning in six areas: physical health, activities of daily living, social support, physical environment, mental condition, and economic status.

- Physical health includes general physical condition, medical problems, and treatments.
- Activities of daily living include cooking, cleaning, shopping, laundry, transportation, bathing, dressing, getting around the house, eating.
- Social supports include contacts with people and the help obtained from others.
- Physical environment means the neighborhood, the condition of the home, and how well it meets needs.
- Mental condition covers intellectual functioning and personal or emotional adjustment.
- Economic status includes income, eligibilities (Medicaid, food stamps, etc.), and related financial matters.[5] A comprehensive needs assessment is in Appendix V-B.

## F. ASSESSMENT STAFF NEEDS

Assessment should be carried out by staff who can establish rapport with older persons and gain their assistance in developing a service plan. For many homebound older people, this service is the principal contact with the community, and they need to feel the personnel care about them and can be contacted when needed.

Assessment staff training on reassessment should be available to all those involved in these activities. Training can be developed by using resources such as public health or visiting nurses, area agency staff, social service or home care agency staff, and staff of local educational institutions. The level of training should match the type of assessment (nutrition or comprehensive) and the level of assessment (simple to in-depth functional assessment). It is important that the assessors be qualified and sensitive because they will be making judgments about the needs of an older person, and they must be able to make judgments that will not create more dependence than necessary. Some agencies believe that it is better for the needs assessment to be done by a non-service agency because personnel in that agency would not be biased toward one service.

# IX. FOOD SERVICE

Food systems, menu planning, recommended dietary allowances (RDA), meal preparation, and special diets are discussed in Chapter IV. This section provides other food service information of particular interest to in-home meal providers.

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[5] Stacey Mong MacBride, and others, A Service Management Manual, working draft (Philadelphia, Philadelphia Geriatric Center, 1977), p. 20.

## A. ALTERNATE FORMS OF HOME-DELIVERED FOOD

Food service technology is advancing at such a rapid pace that it is imperative for those responsible for providing food to large groups to keep informed. Freeze-dried foods and retort-packed foods are becoming commonplace. Experiments have been conducted in Texas by NASA on mailing freeze-dried foods to older people who live in remote areas.

European technology has developed individual meals in pouches that can be stored at room temperature and are reconstituted by immersing the pouch in boiling water. Single entrees in pouches are available in the United States. These may be the answer for future in-home meal services.

Some believe that the future of the food industry lies in pills for breakfast, lunch, and dinner! Most people prefer tasty food, not pills. Several different kinds of food may be used; for example, freshly prepared food may be served to in-home meal participants who receive special meals; liquid supplements or freeze-dried foods may be delivered to their homes for consumption on days when weather prevents delivery.

Following are several food forms which are currently on the market:

- Freshly Prepared - Freshly prepared food includes food prepared in a central kitchen, catered, or provider-supplied, which is delivered fresh in special packages.
- Frozen - Frozen meals which are formulated especially for older persons and which meet the 1/3 RDA standard can be purchased from vendors. Some firms will prepare and freeze meals using a provider's recipes, and providers can seal foods in flexpack pouches for freezing.
- Freeze-Dried - Freeze dried foods are dehydrated, i.e., foods are frozen and water is removed with only a slight loss in volume. Compressed freeze-dried foods which take up less space also are available.
- Canned Solid - Canned solid foods are those regularly available in grocery stores and supermarkets.
- Canned Liquid - Canned liquid foods are considered as supplemental meals and should be used only in special situations.
- Retort - Retort foods have been fully or partially cooked and are sealed in aluminum or plastic pouches. The pouches can be held for long periods in regular dry storage, and usually are heated by warming in hot water. The food can be eaten cold.
- Ultra-Pasteurized Milk - Ultra-pasteurized milk is sterilized by a special heating process and stored in sterile containers which allow the milk to be kept at room temperature up to eight months. Once opened, the milk must be refrigerated.

Exhibit V-1 compares the advantages and disadvantages of several food forms.

## Exhibit V-1

## HOME-DELIVERED MEAL
## FOOD FORM COMPARISON

| PRODUCT CHARACTERISTICS | Freshly Prepared | Commercial Frozen | Freeze Dried | Canned | | Retort |
|---|---|---|---|---|---|---|
| | | | | Solid | Liquid | |
| Provider Preparation | | | | | | |
| Food Quality | | | | | | |
| 1/3 RDA (possible with all, but more difficult with some) | a | d | d | d | a | d |
| Menu variety | a | d | d | d | d | d |
| STORAGE NEEDED | | | | | | |
| Raw food | d | a | a | a | a | a |
| Dry | d | a | d | d | d | d |
| Freezer | d | d | a | a | a | a |
| EQUIPMENT NEEDED | | | | | | |
| Cooking | d | a | a | a | a | a |
| Freezer | d | d | a | a | a | a |
| Refrigerator | d | a | a | a | a | a |
| LABOR NEEDED | | | | | | |
| Cook | d | a | a | a | a | a |
| Handler | d | d | d | d | d | d |
| DELIVERY | | | | | | |
| Frequency | daily | weekly | I | I | I | I |
| Food Safety | | | | | | |
| Nutrient loss | d | a | a | a | a | a |
| Microbial growth | d | a | a | a | a | a |
| EQUIPMENT/MATERIALS NEEDED | | | | | | |
| Trays | d | a | a | a | a | a |
| Carriers (Hot or Cold) | d | d | a | a | a | a |
| Heating units (if extended carrying time is necessary) | d | a | a | a | a | a |
| PARTICIPANT USE | | | | | | |
| Education Needed | a | a | d | d | d | d |
| Preparation | a | d | d | d | d | d |
| Equipment Needed | | | | | | |
| Freezer | a | d | a | a | a | a |
| Heating | a | d | d | d* | a | d* |
| COST | a | d | d | a | a | d |

a = advantage
d = disadvantage
I = Infrequent
* = Not essential in emergency

Note: There may be exceptions to individual items but field experience generally supports the above information.

## B. PACKAGING FOR THE MEALS

Containers must be sanitary, convenient, and maintain proper food temperatures. Many products are available, and local health departments should be contacted to determine the food safety of the packaging that will be used.

### 1. Hot Food Containers

Hot food containers should be:

- firm, compartmentalized, with deep enough sections so that foods do not mix with one another
- closeable, so that heat is retained
- impermeable, so that liquids do not soak through
- disposable or easily cleaned
- reheatable, if possible
- built to be stacked for storing and carrying
- easily opened, so that recipients without complete use of their hands can gain access to the food
- economical
- reusable, if possible (to avoid waste).

Many services use three-compartment foil trays for the entree; styrofoam cups and bowls for soups, salads, and beverages; and waxed paper bags for tea bags, crackers, instant coffee, and jelly. Foil trays are handy if the provider plans to freeze entrees for weekend use. Crimped edges, which secure the foil over an impermeable foil-lined lid, are useful for maintaining heat, food safety, and preventing spills. Many disabled persons, however, will find these difficult to open and require assistance from the person bringing the meal.

### 2. Cold Food Containers

Cold foods must be packaged and delivered separately from hot foods. Breads, cold desserts, salads, cartons of milk, and condiments can be packaged in styrofoam and waxed paper products, placed in a paper bag or cardboard carton, and given to the participant separately from the hot food.

## C.SAFETY PRECAUTIONS

Many people have learned from unfortunate experience that food is fragile and easily perishable. Food poisoning can have serious consequences for a frail older person already weakened by other health conditions. With the advice and assistance of local health departments, in-home meal providers can avoid conditions that endanger food safety.

For example, bacteria grow rapidly on foods held at room temperature. Foods may not be safe to eat if they are held more than three or four hours at room temperature during preparation, packaging, and delivery. The proper holding and storage temperature for cold foods is 45°F or lower, and for hot food, 140°F or higher.

To avoid food contamination, a sanitary food packaging process is essential. Sanitary food handling involves cleanliness of personnel (free from disease and open sores, etc.), equipment, and packaging material.

Recipients must be instructed about food safety precautions such as washing hands before meals, eating the hot meal immediately, refrigerating leftovers immediately, and placing any frozen dinners into the hot oven directly from the freezer.

One important way for the provider to reduce the possibility of food contamination is to maintain food temperature. During packaging, cold foods should remain in the refrigerator until equipment is assembled and packers are ready to place the food in containers; the packaged food should then be returned to the refrigerator until it is time to put it in equipment for delivery. Hot food should not be taken from the stove until packers are prepared to place it in containers. An assembly line operation that fills, seals, and immediately places food in containers is the best method to assure food safety.

## D. CARRIERS FOR PACKAGED FOOD

The primary consideration in the selection of a carrier is whether it can maintain the proper temperature for the required time that the food will be in the carrier. Local health departments will want to assure that food safety is maintained in the carrier, and they are a good source for helpful suggestions.

It is important to remember that the carrier will be opened several times along a route, each time losing more heat or refrigeration.

Factors to consider include:

- Size and shape of meal packages. Make sure space within the carrier is adequate but not larger than needed.
- Size of delivery vehicle and storage space. Make sure the equipment will fit in the vehicle to be used, and that there is adequate space to store the equipment when not in use.
- The physical capability of the delivery person(s). Make sure the equipment is light-weight and small enough for the delivery personnel to handle.
- Ability to be cleaned and durability. Make sure the equipment can be cleaned adequately to maintain` health department standards, and that it will withstand repeated cleanings as well as the handling it will receive.
- Cost. Make sure it is the most cost-effective equipment that meets service needs. In addition, check warranties and procedures for replacement should it become defective.

Many in-home meal services have routes no longer than one and one-half hours and are able to use styrofoam chests and insulated camping coolers. This equipment is generally reasonably priced, durable, light-weight, easy to clean, and maintains food temperature. It can also be easily replaced. For each route, there must be one hot food container and one cold food container. Some states require NSF (National Sanitation Foundation) approval of carriers, but are willing to give waivers for use of styrofoam and camping coolers on short routes. It is important to check with the AAA on state policy.

A number of commercial companies manufacture meal carriers for in-home meals that range in price from $100 up. They supply heat and/or refrigeration. This equipment is especially useful in areas of extreme heat or cold and for providers that have routes that take more than an hour.

# X. DELIVERY SERVICE

## A. DELIVERY PATTERNS

It is important to plan service delivery operations systematically to reach as many of the target population as possible in the most efficient manner.

Delivery routes should be designed to serve the greatest number of people in the shortest length of time. If meals are delivered each day, the route should be about one and one-half hours long. This will allow delivery personnel sufficient time to pick up and deliver the food while food temperature and nutrient value are maintained. The length of the visits with the participants must be gauged so that the last participant is served at an appropriate time. Usually, from ten to fifteen participants can be served in this time period; suburban routes are likely to serve fewer people than do urban routes taking the same time.

### 1. Mapping

It is wise to develop boundaries. These boundaries must, of necessity, be flexible, but they will help staff organize an efficient system. To get a better idea of the logistical problems, plot on a large, detailed map: (1) location of meal preparation, (2) location of site, (3) potential points of delivery, (4) possible relay or drop-off points. One in-home meals service got a map from the local transit authority that had detailed information regarding block numbers between streets. The map was placed on a bulletin board so that pins marking each participant could be placed on the map. A different color push-pin was used to denote each route. This method allowed staff to create efficient routes and avoid having delivery personnel cross each other's paths.

### 2. Delivery Personnel Directions

Meal delivery personnel need written delivery information, including the name, address, and phone number of each participant, instructions as to special diets, information about the participant's condition that affects delivery (such as impaired hearing or ambulation) or the use of the food (such as inability to open packages). They also need phone numbers where staff can be reached if there is a problem. Specific directions to the home are needed since loss of time can affect the temperature and quality of the food. Participants can be asked to give the name of the closest cross-street to locate which block they are in. They should be asked if their street is one-way, since this information usually does not appear on a map. If they live in an apartment, the name of the complex should be given to the driver, as well as information on which floor and building to go to. If possible, staff should drive to the new participant's home before delivering the meal in order to anticipate any problems that might arise. This also gives the staff an opportunity to find out how much time a particular delivery will add to a route.

### 3. Police Assistance

In areas of high density where parking is a problem, delivery personnel will need signs to put in the vehicle window indicating their activity. If aware of this service in their precincts, police departments will often allow meal delivery staff to stop in otherwise prohibited areas. These arrangements increase efficiency of routes and convenience in locating participants. (If the route is in an area of high crime, it is also wise to let the police department know of the presence of meal delivery personnel for protection.)

### 4. Satellite Routes

When there is a number of participants in an apartment complex or other compact area, "satellite" routes can be established by recruiting meal delivery persons from within the complex. Meals can then be dropped off to them for delivery. This arrangement also allows the well-elderly to assist their homebound neighbors and fosters a spirit of mutual concern within the neighborhood.

### 5. Innovative Delivery Patterns

Recognize that there may be some people who cannot be served hot meals daily and consider available options such as:

- delivering hot meals two or three times a week supplemented by frozen or shelf-stable foods
- delivering only once a week
- coordinating with other agencies/volunteers to have someone else pick up and deliver the food from a drop-off point
- serving a hot meal at a different time of day when more volunteers are available
- having volunteers deliver to nearby participants and paid staff deliver to those who live farther out.

## B. VEHICLES FOR DELIVERY

If hot food is delivered daily for immediate use, routes will need to be about one and one-half to two hours in length and concentrated at a meal time. This arrangement requires vehicles to be available for a few hours each day.

### 1. Use of Personal Vehicles

It is cost-effective and convenient for delivery personnel, whether volunteer or paid, to use their personal automobiles. This saves the program time and money for insurance, maintenance, and repairs.

Many in-home meal services use volunteers who contribute the use of their cars as well as their time. The IRS allows a modest deduction for this contribution that may benefit some volunteers. Others, however, are finding it increasingly difficult to contribute the expenses of gasoline and maintenance to do this work. It is wise to consider mileage reimbursement for those who want it. This, of course, adds to costs but is still not as expensive as owning and operating vehicles.

### 2. Agency-owned Vehicles

Agency-owned vehicles are advantageous when large quantities of food must be transported. Some providers transport prepared food to community locations where it is packaged for delivery within a local area. Others transport packaged meals to delivery personnel who then take them to participants. One home-delivered meal service in a rural county has a station wagon that picks up meals from the packaging site and delivers them to each of four towns. Volunteers meet the station wagon, pick up the equipment filled with hot and cold food, and distribute the meals to participants. This saves the volunteers in each town about twenty miles.

The purchase and use of agency-owned vehicles is costly and time-consuming, and the provider should be certain it needs to operate its own vehicles. Of primary consideration, of course, is maintaining food temperature and safety. For transporting food great distances or for a long time, the vehicle needs to be equipped with insulation and heat and/or refrigeration. (Delivery staff should be trained to test the temperature of the food to ensure that the equipment is properly used and in good working order.)

Other expenses include gasoline, maintenance, repairs, garaging, road service, and insurance. Prices vary, but one provider recently estimated the cost and upkeep of a new van for one year to be $11,000. This does not include the salary of the driver or the additional cost that would be incurred if another vehicle is needed while the van is serviced.

### 3. Sharing Vehicles

It is possible to contract with another service agency for the use of vehicles. In some cases vehicles are not in use during the hours of meal deliveries. In one community, a used-car dealer allowed volunteers to use his cars. This, of course, was good public relations as well as good advertising for him. In another community, a retarded citizens group had vans that were not in use between 10:00 and 3:00 each day. The in-home meal provider contracted with it and paid a negotiated hourly rate for the use of the vehicles during those hours.

It would be wise to contact transportation specialists through state and local governments for assistance in planning the use of vehicles.

## C. DELIVERY PERSONNEL

If possible, volunteers should be used to deliver meals. Not only is it cost-effective, but it provides the volunteer with a meaningful and rewarding activity through direct contact with isolated participants. The participants' appreciation of the service enhances the volunteer's commitment.

In addition, participants realize volunteers come because they want to, not because of salary. This increases the participant's sense of self-worth and of belonging in the community.

Sometimes paid drivers must be used because an adequate number of volunteers cannot be recruited. It is wise to keep costs down by employing part-time employees. Some inner-city areas, for example, do not have community residents available during the day for volunteer service. One in-home meals provider hired former cab drivers who knew their way around city streets. Another found it could coordinate with the local homemaker agency, whose homemakers would stop and pick up the meal on their way to the participant's home. Another got transportation assistance from the local National Guard unit.

If a provider cannot deliver daily, every effort should be made to coordinate visiting with other agencies/ organizations, e.g., Girl Scouts/Boy Scouts, Women's Clubs, Kiwanis, Lions, Rotary, school sororities and fraternities, schools, religious classes, or other groups. Many groups look for projects and welcome calls for help.

### 1. Characteristics

The individuals who take the meals to the participants are an important part of the in-home meals service. Not only do they deliver the food, but they provide a vital service--human contact. For many participants the person delivering their meals is their only source of interaction on a given day and may give them the incentive to eat. Personnel must be sensitive to participants and be careful in handling food.

Personnel who deliver meals should be screened. They must be reliable, thoughtful, and have good judgment. They must be people participants feel comfortable having in their homes. A job description should be developed and interviews conducted with individuals interested in being deliverers, whether volunteer or paid. The job description will aid the interviewer in screening applicants as well as help the applicants decide if they want the job.

### 2. Training

Having well-trained delivery personnel is important because they are the service's daily link with the participant. It is advisable to provide on-the-job training in specific tasks as well as general orientation for new personnel. In-service training sessions refresh memories on procedure as well as introduce new information.

### 3. Home-Delivery

The delivery person should expect to spend a few minutes with each participant on the route. This is an opportunity to say more than "Hello. How are you today?" The participant's physical and mental condition should be observed to see if there are any noticeable changes. The condition of the home should be noted, and any alarming or potentially dangerous conditions should be reported to staff. The deliverer should ask if yesterday's food was eaten and look for leftover food that should be thrown away. Hot meals should be opened and placed before the participant along with proper utensils for immediate consumption. The participant should be encouraged to eat hot food immediately and put cold food in the refrigerator. Although the deliverer might like to stay longer, food for other participants might lose its temperature if delivery personnel are delayed.

### 4. Reporting

It is a good idea to provide comment sheets in a book for delivery personnel. They should be encouraged to write observations and turn them in to staff at the end of the route. Any urgent comments should be brought to the staff's attention immediately. Trends in behavior can also be noted. For example, "Mrs. Smith is always down on Fridays. Mr. Jones seems more nervous towards the end of the month." Such behavior should be investigated to help individuals cope with problems.

### 5. Delivery Problems

Sufficient meals should be loaded and checked before deliveries go out. If delivery personnel find they have not gotten enough meals to serve all participants, they should check with the packaging site to see if extra meals are available. If not, they should check back with agency staff for instructions, perhaps to purchase appropriate food at a store.

If the participant does not answer the door, delivery personnel may stop at a neighbor's house to inquire. Participants should be urged to keep provider's advised when they will be away from home and not require a meal. If the participant has not notified the provider, the delivery personnel should have specific instructions as to who to notify and what steps to take in investigating participant's situation.

Occasionally, delivery personnel will encounter a participant emergency. The participant may be sprawled on the floor, unable to answer the door, or may collapse while the delivery person is present. It is important for the in-home meal service to have a procedure for handling such emergencies, and to train delivery personnel how to handle such a situation. One provider requires that the participant be covered up for warmth, the staff be called, and the visitor stay until appropriate help arrives. Providers should also maintain regular contact with police and ambulance personnel in order to know what procedures should be followed. They are also good in-service training resources for emergency procedures, as well as the Red Cross. In case of emergency, one delivery person should remain with the participant while the other completes deliveries.

## XI. CONTRIBUTIONS BY PARTICIPANTS

Participants must have the opportunity to contribute to the cost of the meal, and contributions must be strictly confidential. Agencies may, if they wish, make a suggested contribution statement.

A recent preliminary report from the Office of the Inspector General[6] indicated that contributions collected from HDM participants are well below those of congregate participants and below suggested rates. The major reason for this appears to be the reluctance on the part of nutrition providers to explain meal costs to home participants. Providers often assume home participants cannot afford to pay. The same study also reported that, although as a group home participants have lower incomes, many live in middle- and high-income areas.

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[6] Home Delivered Meals Program, p. i.

All participants should be informed of the opportunity to contribute to all or part of the cost of the meal.

When receiving in-home meal contributions it is important to protect the older person's privacy. This can be a challenge because the person delivering the meal is frequently the one who receives the contribution. Some suggestions for handling contributions from in-home meal participants anonymously are:

- During the outreach visit, explain the total cost of the meal and the method which will be used to collect the contributions.
- Collect contributions on the same day each week. This may be done by leaving an envelope on Monday, and picking it up on Friday regardless of its contents. It is sometimes helpful to stamp the envelope with a statement such as: "This meal costs Senior Citizens Counsel $1.98. Any amount you wish to contribute to help with the cost will be appreciated." Being consistent in collecting contributions will help avoid confusion.
- Mail or give each participant several stamped envelopes, addressed to the provider, in which to mail the contribution weekly or monthly. This system ensures confidentiality and relieves the meal delivery person, paid or volunteer, of the responsibility for handling the money. However, sending cash through the mail may be a risk.

Accounting and recording procedures for contributions should be established and followed.

## XII. EMERGENCY MEALS

It is wise for participants of in-home meal services to have a supply of nutritional items at home that can be prepared easily. Extreme weather or some other emergency can prevent participants from getting to nutrition sites or receiving home meals. The nutrition service provider should help participants to prepare for such events.

It is important to stress to participants the need for having food on hand. A list of items that are easy to open and use, as well as nutritious, can be prepared by a dietitian and given to each participant. In addition, they should be given information on when these foods are to be used, why each is important, and how they should be prepared. For in-home meal participants, the person delivering the food should check periodically to make sure these foods are on hand, and the participant is able to use them. Arrangements should be made for those participants who are not able to manage an emergency food shelf.

A wide variety of foods may be kept and used for emergencies:

- canned citrus or tomato juice or powdered juice
- whole or skimmed milk (powdered or canned)
- canned or powdered soups
- canned meat or fish
- instant or ready-to-eat cereal
- canned vegetables
- dried fruits, such as prunes, figs, or dates
- peanut butter, crackers, jam, jelly, marmalade, instant tea, coffee, chocolate.

This list requires the participant to be able to use a can opener. It was prepared by a dietitian, keeping in mind those items that could be obtained easily and that would store without refrigeration for a long time. Care should be given to selecting items that can be opened easily by individuals who may have arthritis or partial paralysis.

One provider responded to weather conditions by sending a list of emergency foods with instructions to each participant at the beginning of winter. Volunteers then checked to make sure the participant had the suggested food on hand. Periodically during the winter, volunteers were reminded to check on emergency food supplies. Those who did not have any were brought to the attention of staff who spoke with the participant. Arrangements were made with a neighbor or family to ensure that food needs would be met in an emergency. Arrangements may also be made with local police or fire departments to deliver emergency foods in severe weather conditions to frail elderly who live alone. (Emergency supplies should be given to these departments before the onset of winter.) Another emergency source may be the state emergency office.

There are many foods available in single-portion servings, such as packages of dried soups or cans of vegetables and stews. One home-delivered meals provider has developed four nutritionally balanced meal packages using these products. Ingredients for each of these meals are placed in a bag with simple instructions to the participant on how to put the meal together. (A sample emergency food box and menu are in Appendix V-C.)

## XIII. MANAGEMENT INFORMATION SYSTEM

A successful management information system (MIS) ensures that the home-delivered meal director/supervisor and other decision-makers have current and accurate information available to them at the right time. This section describes why information collection is particularly important to in-home meal service and what is needed.

### A. PURPOSE

An in-home meal service, by its very nature, does not have a central location or service site. This removes the possibility of ongoing monitoring and assessment by site visits and forces an increased emphasis on the importance of the data and information collected. This information is important to the in-home meal provider, nutrition service provider (if it is the subcontracting agency), the area agency, state agency on aging, and the Administration on Aging. The in-home meal service needs an MIS for three purposes:

- Monitoring and assessing the service, including costs, area needs, participant feedback, and staff performance.
- Reporting required information to service contractor and other supervisory agencies.
- Controlling the service to minimize costs and maximize quality and availability to the target population.

## B. INFORMATION REQUIRED

A balance must be established between the kind of information that meets the above purposes and information availability.

The kind of information to be collected is defined by specific requirements. If it is a new service, more attention may be paid to the collection of start-up, or one-time, costs. If a new delivery system has been initiated, additional attention may be paid to mileage charts and delivery costs. The area agency may also require specific data and information for monitoring. Finally, assessment and planning may require information regarding the kinds and levels of participant needs. In order to determine what information should be collected, the purpose(s) for the information must first be specified.

Once the purposes are determined, an assessment of available staff and time to collect the information should be reviewed. How, when, and by whom the information is to be collected should be carefully analyzed. The goal is to minimize the time and effort required by the staff to gather the needed information.

## C. STAFF NEEDS

It is important to establish clearly the in-home meal MIS forms, procedures, and staff responsibilities. Staff training on individual responsibilities, as well as the reason the information is being collected, is also vital to MIS success. Once the system is operational, feedback to the staff regarding information use should be provided. For example, if one MIS purpose is to monitor the amount of service delivered to the target population, a brief report of the information findings and actions taken based on the findings should be provided. One result in this use is to increase outreach in target population areas. When staff can see positive results of data collection, they are likely to participate more actively and willingly in information gathering.

## D. INFORMATION COLLECTION

How information is collected is based on the in-home meals organizational structure. Both staff and volunteers may be used to collect information, and in some areas students have also proved helpful. Participant feedback may be available through telephone inquiries, home visits or interviews, delivery staff or friendly visitor observation, and family comments.

Cost information collection may include the use of daily mileage charts, food and supply purchase records, personnel costs, and service operation records. Combining collection methods to serve more than one purpose usually saves time and effort. For example, some volunteer driver costs and participant feedback can be combined by using one form for volunteer driver mileage and including space on that form for volunteer feedback or observations. Combining forms is one way to streamline information collection procedures.

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## CHAPTER V
# APPENDICES

V-A. REFERENCES

V-B. IN-HOME CARE ASSESSMENT FORM

V-C. EMERGENCY FOOD BOX

# APPENDIX V-A

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# APPENDIX V-B

# IN-HOME CARE ASSESSMENT FORM

## I. DEMOGRAPHIC CHARACTERISTICS

| | | | | | |
|---|---|---|---|---|---|
| Name | | | Address | | |
| Apt.<br>Floor # | Zip Code | | Phone | | Census tract |
| Date of Birth | Age | Religion | Race<br>W B O | Sex<br>M F | Marital Status<br>S M SP D W Unknown |
| If married, Spouse's Name | | Age | Living<br>___Yes ___No | | If deceased, date: |

## II. RESPONSIBLE PERSONS

| | | | | |
|---|---|---|---|---|
| In case of emergency notify:<br>Name: | Address | Zip Code | Phone | Relationship |
| Nearest living relative:<br>Name: | Address | Zip Code | Phone | Relationship |

## III. HEALTH STATUS

### A. Major Medical Conditions

| Health Problem | Type of Disability | Under Treatment<br>Yes | No |
|---|---|---|---|
| Physical | | | |
| | | | |
| Mental | | | |
| | | | |

Comments:

Note: Based on assessment form from Commission on Aging, and Retirement Education, Baltimore, Maryland.

## B. Physician and Hospital Information

Does the participant have a private physician? ___Yes ___No
Name of Physician ______________Address ______________________Phone_________
If no, where does the participant receive regular medical treatment?

| | Yes | No | |
|---|---|---|---|
| Hospital clinic | ______ | _____ | ______________________ |
| Hospital emergency room | ______ | _____ | ______________________ |
| Private clinic | ______ | _____ | ______________________ |
| Public health center | ______ | _____ | ______________________ |
| Other: Specify ______________ | ______ | _____ | ______________________ |

___ Does not receive regular medical treatment.

During the past year, has the participant seen a doctor? __Yes __No
No. of times____ Date of last visit _________ Reason ______________________
During the past year, has the participant been admitted to a hospital?__Yes__No
No. of times____ Total No. of bed days ____
Date of last admin. __/__/__ Date of Disch. __/__/__

Reason for last admission: _______________ Name of hospital_______________

## C. Participant's Perception of Activity Limitation

None _________ Mild _________ Moderate _________ Severe _________

## D. Diet and Medications

| DIET | MEDICATIONS | What side effects should be reported to MD? |
|---|---|---|
| Is there a special diet | What medicines does patient take? | ______________________ |
| Yes___ No___ | __Blood Pressure | ______________________ |
| Type of Diet<br>__________ | | ______________________ |
| __Diabetes | __Diabetes | ______________________ |
| __Low Salt | __Heart | ______________________ |
| __Soft diet | __Nerve | ______________________ |
| __Other (list) | __Other (list) | |
| __________ | ____________ | |
| __________ | ____________ | |

Please specify medications and dosages for each.

______________________________________________________________

______________________________________________________________

## IV. HEALTH INSURANCE AND FINANCIAL DATA

### A. Health Insurance

| | | Start Date | Expiration Date |
|---|---|---|---|
| ___None | | | |
| ___Medicaid No. | ______________ | | |
| | ______________ | ________ | ________ |

___Not eligible
___Needs card

___Medicare No. ______________
______________

___Hospital insurance
___Medical insurance
___Not eligible
___Needs card

___Blue Cross/Shield 65 plus
___Commercial insurance: Name of Company ______________
___Other: Specify______________

### B. Income Eligibility

Total net income per month?
___Less than $200.
___$200 - 399
___$400 - 599
___$600 - 799
___$800 - 999
___$1000 or more
___Unwilling to divulge
___No information

### C. Source of Income

No. __________

___Social Security

___SSI No. __________
___Public assistance No.: _____
___Government pension
Type__________ No.________
___Other: Specify __________
__________
___Not applicable (no income)

___No information

D. Food Stamps ____Yes ____No

## V. PHYSICAL FUNCTIONING

| | Level of Assistance Needed | | | Frequency of Assistance Received | | |
|---|---|---|---|---|---|---|
| | None | Some | Total | Always | Sometimes | Never |
| A. Activities of Daily Living | | | | | | |
| Dressing | | | | | | |
| Bathing | | | | | | |
| Toileting | | | | | | |
| Grooming | | | | | | |
| Eating/feeding | | | | | | |

| | Level of Assistance Needed | | | Frequency of Assistance Received | | |
|---|---|---|---|---|---|---|
| | None | Some | Total | Always | Sometimes | Never |
| **B. Activities of Daily Living** | | | | | | |
| Meal Preparation | | | | | | |
| Housekeeping | | | | | | |
| Shopping | | | | | | |
| Laundry | | | | | | |
| Operating Telephone | | | | | | |
| No Phone ______ | | | | | | |
| Handling Money | | | | | | |
| Taking Medication | | | | | | |
| Does not take Medication ______ | | | | | | |

| **C. Mobility** | Level of Assistance Needed | | | | Frequency of Assistance Received | | |
|---|---|---|---|---|---|---|---|
| | None | Mech | Some Human | Total Human | Always | Sometimes | Never |
| Ambulation | | | | | | | |
| Inside home | | | | | | | |
| Outside home | | | | | | | |
| Chair Transfer | | | | | | | |
| Bed Transfer | | | | | | | |
| Climbing Stairs | | | | | | | |

**D. Ambulation Aids/Prostheses**

| | Needs | | | Uses | |
|---|---|---|---|---|---|
| | No | Yes | Has | Yes | No |
| Cane | | | | | |
| Braces | | | | | |
| Crutches | | | | | |
| Walker | | | | | |
| Artificial limb | | | | | |
| Wheelchair | | | | | |
| Other aid: Specify ______ | | | | | |

Comments:

**E. Means of Travel**

| | | | | Assistance | |
|---|---|---|---|---|---|
| Usual means of travel: | No | Yes | Frequency | Independent | With Escort |
| Private auto | | | | | |
| Public Transporation | | | | | |
| Taxi | | | | | |
| Special Transporation | | | | | |
| Ambulance | | | | | |
| Other: Specify ______ | | | | | |

Does not travel ______

F. Sensory Defects and Special Conditions

| (Please circle with or without.) | Good | Fair | Poor | |
|---|---|---|---|---|
| Vision with/without glasses | | | | ___Blind |
| Hearing with/without aid | | | | ___Deaf |
| Speech | | | | ___Mute |
| Condition of teeth/dentures | | | | |
| Condition of feet | | | | |
| Condition of skin (e.g. sores, etc.) | | | | |
| Bladder control | | | | |
| Bowel control | | | | |

G. Aids and Prostheses

| | Needs | | | |
|---|---|---|---|---|
| | Yes | No | Has | Uses |
| Glasses/Lenses | | | | |
| Hearing aid | | | | |
| Dentures | | | | |
| Catheter | | | | |
| Other: Specify ________ | | | | |

Does the participant have a colostomy or ileostomy? ___Yes ___No

Catheter management: ___Independent ___Dependent ___Not applicable

## VI. MENTAL FUNCTIONING

A. Cognitive Functioning (Assessor's perception of participant's mental functioning)

| | Yes | No |
|---|---|---|
| Alertness | | |
| Orientation | | |
| Judgment | | |
| Recent memory | | |
| Learning ability | | |
| Ability to direct worker | | |
| Ability to manage affairs | | |
| Other: Specify ________ | | |

Comments:

## B. Emotional/Behavioral Programs

| | Yes | No |
|---|---|---|
| Feeling lonely | | |
| Appetite loss | | |
| Sleeping problems | | |
| Worried/anxious | | |
| Irritable/easily upset | | |
| Forgetful/wandering | | |
| Loss of interest in things | | |
| Accident prone | | |
| Medication abuse | | |
| Alcohol problem | | |
| Other: Specify ________ | | |

List any recent major change or event that may be affecting participant's emotional status:

## C. Communication Skills

English speaking? ___Yes ___No If no, what language?__________________
Has the participant ever learned to read? ___Yes ___No; Write? ___Yes ___No

| | Good | Fair | Poor | N/A |
|---|---|---|---|---|
| Verbal communication | | | | XXXXXX |
| Ability to read | | | | |
| Ability to write | | | | |

Years of schooling _________.

## VII. INFORMATION AND SOCIAL SUPPORTS

### A. Living Arrangement

Does the participant live alone? ___Yes ___No
No. in household (including participant): _____
Household Composition: With whom does the participant live?

___Spouse ___Children ___Grandchildren ___Siblings ___Other relatives
___Boarders/Lodgers ___Friends ___Other: Specify________ ___Not applicable

List the following information on household members (excluding the participant):

| Name | Age | Overall health | Relationship to participant |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

B. Actual Caregivers

Primary Caregiver

Name ____________________
Address ____________________
Age ______ Phone __________
Relationship ______________
Health Status _____________
Types of Assistance ________

Secondary Caregiver

Name ____________________
Address ____________________
Age ______ Phone __________
Relationship ______________
Health Status _____________
Types of Assistance ________

Potential Caregivers

Name ____________________
Address ____________________
Age ______ Phone __________
Relationship ______________
Health Status _____________
Types of Assistance
____________________

Name ____________________
Address ____________________
Age ______ Phone __________
Relationship ______________
Health Status _____________
Types of Assistance
____________________

Name ____________________
Address ____________________
Age ______ Phone __________
Relationship ______________
Health Status _____________
Types of Assistance
____________________

C. Does Participant:

| | Yes | Frequency | No | Reason |
|---|---|---|---|---|
| Leave residence | | | | |
| Leave neighborhood | | | | |
| Feel safe in neighborhood | | | | |
| Attend a senior center | | | | |
| Attend group meetings | | | | |
| Attend church/synagogue | | | | |
| Socialize with others | | | | |

Comments:

VIII. PHYSICAL ENVIRONMENT

A. Type of Residence

___Private home ___Private apartment ___Public housing
___Rooming/boarding home ___Group home ___Other: Specify_______
___Elderly housing ___Public ___Private

B. Condition of Residence

| | | Repairs needed | | |
|---|---|---|---|---|
| | None | Minor | Major | Not Applicable |
| Exterior | | | | X X X |
| Interior | | | | X X X |
| Stairs (interior) | | | | |
| Stairs (exterior) | | | | |

C. Utilities and Appliances

| | Has | Doesn't work | Doesn't Have | Barriers |
|---|---|---|---|---|
| Hot water | | | | |
| Central heat | | | | |
| Tub/shower | | | | |
| Toilet | | | | |
| Stove | | | | |
| Refrigerator | | | | |
| Freezer space | | | | |
| Telephone | | | | |
| Radio/TV | | | | |
| Washer | | | | |
| Dryer | | | | |

D. Assessor's Impression of Home ___Clean ___Needs to be cleaned

## IX. ADMINISTRATIVE

Date of Initial Intake______________________________
Name of Interviewer______________________________
Interviewer's phone number______________________ Date of Assessment__________
Name of Agency______________________________ Phone______________
Scheduled Date of Reassessment______________________________
Disposition______________________________

## X. ASSESSMENT SUMMARY

A. Analysis of participant's diagnosis/injury, disability(ies), and problem(s) (to be filled out by assessor).

B. Analysis of participant's diagnosis/injury, disability(ies), and problem(s) (to be filled out by nurse and/or social worker).

C. Overall Need for Service

_____ No Need   _____ Mild Need   _____ Moderate Need   _____ Severe Need   _____ Extreme Need

## APPENDIX V-C

## EMERGENCY FOOD BOX

The Emergency Food Box is provided for use during extemely bad weather. The items enclosed should be saved for the days the Nutrition Provider cannot deliver a hot meal.

### JUICES

1-6 oz. can Orange Juice
1-6 oz. can Grapefruit Juice
1-5½ oz. can Tomato Juice

### VEGETABLES

1-8 oz. can Green Beans
1-14 oz. can Whole Potatoes
1-8 oz. can Pork & Beans
1-8 oz. can Peas

### MEAT

1-8 oz. can Vienna Sausages
1-7½ oz. can Corned Beef Hash
1-7½ oz. can Spam
1-7½ oz. can Beef Stew
1-4 oz. box Macaroni and Cheese (dried)

### BEVERAGES

Powdered Skim Milk for 1 qt.
13 oz. Evaporated Milk
2 pks. of Sanka
4 pks. of Tea Bags

### FRUIT

1-8 oz. can Applesauce
1-8 oz. can Pears
2-8 oz. cans Apricots
1/4 cup Raisins

### BREADS & CEREAL

1-5/8 oz. Rice Krispies
1-5/8 oz. box Pop
1-5/8 oz. box All-Bran

### SOUPS

1 serv. can Cream Tomato
1 serv. can Vegetable
1 serv. can Chicken Noodle

### MISCELLANEOUS

8 pkgs. Sugar
8 pkgs. Salt
8 pkgs. Pepper

Due to unavailability of some items, there may be substitutions made.

Note: This form submitted by Area 13-A Nutrition Program, Vincennes, Indiana.

## SUGGESTED MENUS

(From Emergency Food Box)

| | DAY I | DAY II | DAY III |
|---|---|---|---|
| BREAKFAST | Orange Juice<br>Pop Cereal<br>½ Cup Evap. Milk | Grapefruit Juice<br>All-Bran Flakes<br>½ Cup Evap. Milk | Tomato Juice<br>Rice Krispies<br>½ Cup Evap. Milk |
| LUNCH | ½ Cup Vienna Sausages<br>Pork & Beans<br>Pears<br>½ cup Skim Milk | ½ can Spam<br>½ cup Whole Potatoes<br>Peas<br>Applesauce<br>½ cup Skim Milk | Beef Stew<br>Apricots<br>½ cup Skim Milk<br>Hot Tea |
| SUPPER | Corned Beef Hash<br>Green Beans<br>Apricots<br>1 cup Skim Milk<br>Hot Tea | Cream Tomato Soup<br>½ can Vienna Sausages<br>Macaroni & Cheese<br>2 Tbs. Raisins<br>½ cup Skim Milk | Chicken Noodle Soup<br>½ can Spam<br>½ can Potatoes<br>2 Tbs. Raisins<br>1 cup Skim Milk<br>Hot Tea |
| EXTRA | 1 can Vegetable Soup | | |

Note: To make evaporated milk, add equal amounts of evaporated milk and water.

# CHAPTER VI

## CHAPTER VI

# THE NUTRITION PROVIDER'S ROLE IN THE SERVICE SYSTEM

I. THE SERVICE SYSTEM

  A. SERVING THE TOTAL PERSON

  B. SERVICE COORDINATION

    1. Need for Agency Coordination
    2. Strategies for Coordination

  C. COMMUNITY SERVICE PROGRAMS

  D. TARGET POPULATION

    1. Criteria
    2. Needs Assessment

II. OUTREACH

  A. INTERAGENCY COORDINATION

  B. OUTREACH POLICIES AND STRATEGIES

    1. Policy Questions
    2. Outreach Strategies

  C. ATTITUDES ENCOUNTERED IN OUTREACH

  D. REFERRAL TO OTHER AGENCIES

  E. CLOSURE TO OUTREACH

III. NUTRITION EDUCATION

  A. NUTRITION INFORMATION

  B. NUTRITION EDUCATION PROVIDERS

  C. RESPONSIBILITY FOR NUTRITION EDUCATION

  D. ELEMENTS OF EFFECTIVE NUTRITION EDUCATION

  E. SPECIAL TRAINING

    1. Nutrition Professionals
    2. Paraprofessionals

F. PARTICIPANT MOTIVATION

G. EVALUATION OF NUTRITION EDUCATION

IV. SITE ACTIVITIES

A. RECREATIONAL AND EDUCATIONAL ACTIVITIES

B. PARTICIPATION BY THE OLDER PERSON

1. Activities for the Hard-to-Reach
2. Self-Help Activities

C. COMMON CONCERNS AT NUTRITION SITES

1. Political Campaigning
2. Religious Activities
3. Fund-Raising

V. SUPPORT SERVICES

VI. COMMUNITY RELATIONS

A. PUBLIC RELATIONS

1. Press Releases
2. Feature Stories
3. Letters to the Editor
4. Information About Services
5. Radio
6. Television
7. Special Problems in Rural Areas

B. COORDINATION OF EFFORTS

C. WORKING WITH PUBLIC OFFICIALS

CHAPTER VI

# THE NUTRITION PROVIDER'S ROLE IN THE SERVICE SYSTEM

Nutrition services are part of the larger service delivery system. This chapter discusses that system and the role of the nutrition provider within it. It discusses the need to focus services on the target population while serving the total person through service coordination. Outreach and nutrition education as key services are discussed along with other nutrition site services. Techniques for strengthening nutrition services through community relations are briefly covered.

## I. THE SERVICE SYSTEM

### A. SERVING THE TOTAL PERSON

A temptation in working with people who have one condition in common--in this case old age--is to assume that all individuals are basically alike. Fortunately, experience and common sense give another perspective. Aging persons began their lives as unique individuals and have had physical, economic, and social conditions affecting them differentially over their lifetimes. Needs, then, reflect this diversity in their lives and the uniqueness of their persons, one from another.

Common needs, however, have formed the framework of services for people. Most agencies provide specialized services to meet specific needs; for example, a home health agency provides personal health care. Nutrition services, on the other hand, can meet a variety of different needs. A congregate meal site provides nutrition and opportunities for peer support and socialization. It also can provide recreation, education, and access to other services. Nutrition providers, therefore, have a special opportunity to look at the total needs of each individual and find a configuration of assistance that will appropriately meet needs.

### B. SERVICE COORDINATION

For many older people the nutrition services are the entry point to the service system. In the informal setting of the meal site or in homes, staff can learn a great deal about individuals' needs that might escape notice in a visit to an agency office. Staff, therefore, are in a crucial position to link the older people with other needed services. With an effective and coordinated system, services are available, known, and accessible. However, before instigating coordinated efforts, nutrition service providers must clarify their role with the AAA.

#### 1. Need for Agency Coordination

Resources in today's world are too scarce to duplicate services, and peoples' needs are too important and too numerous to ignore the necessity for agency coordination. Working with the AAA, the nutrition service provider can play an important role in developing and maintaining a coordinated system of services.

Linking older persons with needed services requires that agencies be willing to share information about the scope of their services, eligibility requirements, and problems encountered in delivering services. Nutrition providers will need close coordination with the agencies that most frequently serve the participants. If the congregate meal service and the home-delivered meals are provided by separate agencies, for example, the staffs should establish close working relations with each other. In addition, providers must ensure that older persons with the greatest needs are receiving maximum benefits from services.

### 2. Strategies for Coordination

The desire to coordinate is usually a mutual one among agencies. The AAA (or another agency) may initiate meetings of service providers to find areas of mutual interest and concern. In addition to group efforts, a good plan is to contact one agency at a time to share information and problems. The AAA may delegate this activity to the nutrition provider.

Communication is the key to coordination. It is an ongoing process with phone calls and visits; it can only occur in an atmosphere of mutual respect. Information needs to be shared with all personnel in each agency in order for each worker to know what services are available and what role staff can play in the coordination effort.

There is no right or wrong road to coordination, and possibilities for coordination include:

- joint training opportunities for staff
- regular interagency meetings to share information and problem solving
- coordinated public relations
- collocation at a single site:
    - shared offices at a housing project
    - a multipurpose senior center for offices and/or site

Appendix VI-B has examples of interagency coordination activities.

## C. COMMUNITY SERVICE PROGRAMS

When a need for other than nutrition services is identified, provider staff can refer to other agencies; but if needed services are not available, the nutrition provider should consult with the AAA about resources or other agencies to develop them.

Inventorying the services available in the community is an essential initial step. A list of services benefitting older persons is in Appendix VI-C.

## D. TARGET POPULATION

### 1. Criteria

Title III regulations state that nutrition providers must give preference to older persons with the greatest social or economic need. The nutrition service provider may get further guidance on assessment criteria, procedures, and policies from the AAA.

The target population often has severe needs. Many older persons suffer from chronic diseases that necessitate major changes in lifestyles and affect eating habits. These people are usually poor and more apt to have lost a spouse and close friends. Poor health may leave them too frail to go out alone; they may become victims of crime. Any of these situations can cause emotional trauma so great that their desire to eat is gone. Loss of appetite, combined with financial and physical restrictions, is a serious barrier to sound nutrition. The target population most in need is likely to require special diets, individual attention, and a variety of other services.

The area agency, with state agency approval, may establish a more specific target population definition than the OAA after it identifies the kinds and levels of need in the planning and service area. (For example, highest priority might be given to those over seventy-five who live alone.) The nutrition provider can assist the area agency by reviewing the status of current participants. This review is done by questioning participants and gathering information from site managers and their staff. Information about the target population may ascertain:

- number of persons living in subsidized housing, their own homes, alone, or with family
- number of persons in contact with their families, and how often
- number who drive their own cars or use provider transportation to get to the site
- frequency of site attendance, and what participants do when they do not attend the meal site
- limitations of chronic disabilities and how are they cared for
- participants' eating habits, e.g., preparing full meal or snacking

The answers to such questions can create a profile that will produce helpful statistics such as:

- In an area with a HUD facility, thirty-five percent of the site participants live in that facility.
- Ninety percent of the people at all sites are over seventy-five.
- Seventy-five percent of all participants live in their own homes.
- Fifty percent of those who do not come to the site on a particular day eat at a local restaurant that has a special Senior Citizen Discount Day. (Others might also go there if transporation were available.)
- Of those living alone with a functional disability and no informal supporter, thirty-five percent went from congregate to home-delivered status and never returned to the congregate site.
- Sixty percent of the daily participants make reservations and come all five days.
- Seventy-five percent of the participants get to the sites by provider-managed transportation.

From such data, the nutrition provider may be able to develop and recommend more specific needs criteria. For example, a provider could suggest to the AAA that services be targeted to those older persons with three or more needs specified by the provider.

### 2. Needs Assessment

Needs assessment should identify conditions that require assistance if the older person is to remain independent in the community.

When nutrition service staff detect such conditions or find that participants have needs which cannot be met by nutrition services, referral (following AAA guidance) should be made to the appropriate agency. Referral and follow-up procedures should be jointly designed by AAA and nutrition provider staff.

Minimally, an assessment identifies older persons who require nutrition services, but fuller assessment indicates if there is need for other services (e.g., in-home care, financial assistance, housing). Congregate meal providers must assess if participants need home-delivered meals. The sophistication of the assessment may vary, depending on staff availability and expertise, agency objectives, and cost.

## II. OUTREACH

Outreach ensures that members of the target population are identified and offered assistance if needed. The size of the community, proportion of older residents, resident turnover, other available services, and the familiarity of the nutrition provider staff with the community determine the design of the outreach effort.

It is important to differentiate outreach from similar activities. Outreach is the initial contact, or contacts, with a person. The primary purpose is to observe problems, concerns, and needs of the individual and to see what assistance can be provided. Outreach is not a series of visits for companionship.

Outreach should:

- locate older persons who need assistance
- develop a trusting relationship with older people
- help those in need to identify their problems and explain resources that might be helpful.

### A. INTERAGENCY COORDINATION

The AAA has ultimate responsibility for outreach to the target population. Outreach may be done by the AAA, the nutrition provider, other public or private social service agencies, or by volunteer groups. Coordinating outreach among all service providers in an area saves time, money, and wear and tear on the people who are contacted. Through coordination, outreach workers can assess all the needs of each person, rather than just looking for those who need a particular service. To coordinate outreach, provider staff needs to work closely with AAA staff, city and/or county social services, private social service providers, health providers (hospitals, clinics, and professionals in private practice), home health providers, mental health centers, and other independent service providers.

The nutrition director must work with the AAA to decide how outreach services can be linked with site operations. AAA procedures must be followed by outreach staff and by other staff working at both the provider and site levels. If the nutrition provider is responsible for outreach, assistance and guidance must be given to those doing the outreach, i.e., site managers, volunteers or paid outreach workers. Special funding arrangements must be made if nutrition provider staff is providing outreach for more than nutrition services.

## B. OUTREACH POLICIES AND STRATEGIES

### 1. Policy Questions

The following set of policy questions needs to be decided in order to give guidance to the outreach effort:

- How should the target population be defined and identified?
- Should an outreach worker provide assessment, information and referral, friendly visiting, chores, errands?
- How much time should be spent on outreach each day/week/month?
- What should be said to older persons who are eligible but who don't need the meal itself as much as other services?
- What is the geographic area covered by the outreach effort?
- What effort should be made to link people with other needed services?
- Where does outreach end and friendly visiting begin? Are outreach workers supposed to act as friendly visitors?
- When a potential participant has been identified, how can staff and volunteers at the site make the person feel welcome?
- Should outreach workers work with older persons who have obvious needs but who are neither interested in coming to the site nor need to come to the site?

Sensitive situations develop when the maximum number of budgeted meals are being served and outreach workers locate new people in need. Policy decisions must be carefully arrived at by staff, advisory council, and participants working together.

Helping participants to understand that federal criteria target those in greatest need will help to allay feelings of jealousy and anger among those who might have to be rejected.

### 2. Strategies

Outreach efforts will differ from area to area depending upon a variety of local factors. The AAA can provide valuable support. Some strategies that have been helpful to outreach efforts follow:

- Statistics can help focus efforts on areas of greatest need and, by documenting site attendance, help assess the response to outreach efforts.
- Community agencies are good referral sources. The outreach worker

should identify agency contact persons, explain the outreach effort, and set up a referral system for finding new clients and for referring them back to the contact agency if appropriate. The nutrition director can help local staff decide who should be approached and what to say in the initial meeting.

- Community residents including grocers, postmen, porchsitters, policemen, and bartenders can be helpful. These people can refer those who need services. Community people are particularly helpful in trying to locate isolated rural elderly.
- Geographic familiarity with outreach areas is most helpful. Students, volunteers, senior workers, or youth employment people may be available for a community study. A big map should be made and areas of greatest potential need marked. Then the outreach effort can be designed in detail. Special strategies are needed in rural areas, such as pooling transportation, setting up satellite outreach locations, and efficient scheduling.

It is a good idea to develop a manual for outreach workers which includes services available from agencies, contact people, outreach techniques, and reporting requirements and forms. The nutrition director should contact the AAA, other providers, and the state to learn about available materials that help the outreach effort.

## C. ATTITUDES ENCOUNTERED IN OUTREACH

Older people, especially those in rural areas, often mistrust federal programs; they tend to perceive the bureaucracy as slow and insensitive to their needs. They may resist being classified as old; they may dismiss programs as "welfare" or "charity." Many even resist information and will not take any advice from "outsiders." They also may be reluctant to take advantage of available services because of fear, newness to the community, or just personal preferences and beliefs.

In many poor rural areas, older citizens are uninformed about medical developments, nutrition, sanitary necessities, or even the need for electricity or a telephone. Their attitude is "I have lived my whole life like this, and I get along just fine."

The nutrition director can help local staff arrange strategy sessions to find ways to encourage participation. Sessions can include current participants, nonparticipants themselves, community leaders, and others who have insight into why older persons are not participating.

It is also important to remember that not everyone who needs assistance must participate. What is important is that each person feel free to participate and be aware of available services as they need them.

## D. REFERRAL TO OTHER AGENCIES

When needs are identified which cannot be met by nutrition services, the older person should be advised of other more appropriate resources and how to contact them. If the older person cannot (or does not want to) initiate this contact, outreach workers may do so with the person's approval.

The agency that is contacted should be given basic information (name, address, telephone number, etc.), and any background information indicating need for service. If the person is homebound, a home-delivered meals needs assessment may be required, and a comprehensive needs assessment (or a referral for one) may be indicated. (See Chapter V.)

If an agency referral is made, the older person should be informed in detail about where to go and what to expect at the new agency. The outreach worker should check back with the older person and/or the referral agency to be sure that the identified needs are being met. If they are not, the initial contact should be called and asked what follow-up is planned. If the outreach worker is still not satisfied, this should be called to the attention of the supervisor. The nutrition director should be aware of serious or repeated follow-up problems with an agency. If the referral is to a congregate meal site, arranging for special services (such as a "buddy," special greeting, or get-acquainted activities) may be appropriate.

## E. CLOSURE TO OUTREACH

It is difficult to continue the outreach process if too much time is spent with those who have already been contacted. Outreach workers often become emotionally involved with participants and find it difficult to avoid friendly visits, shopping trips, etc.

The nutrition director can arrange training and ongoing support so that outreach workers can handle emotional reactions. Good support resources include staff from a mental health clinic in the area or social service staff from a local hospital. Giving outreach workers regular opportunities to share their feelings with other outreach workers is helpful.

# III. NUTRITION EDUCATION

Why is it so important to provide nutrition education to people who have been eating for at least sixty years? They must be doing something right to have lived this long! Eating habits, bad or good, are formed early in life; but in later years they can cause special concerns. Since nutritional education was a required service for years, it is obvious that Congress saw a need for it among older people who attend nutrition sites. Nutrition education is defined as provision of knowledge, skills, and/or assistance (in areas such as food purchasing, and preparation and diet) to older adults to enable them to eat nutritiously, thus contributing to the maintenance of optimum health.

Studies of nutrition education have been done by the National Association of Area Agencies on Aging and the Department of Health and Human Services and are listed in Appendix VI-A.

## A. NUTRITION INFORMATION

The economic, health and social needs of older persons usually affect their interests and concerns regarding nutrition information. (See Chapter II for more information on needs.)

A person might be well educated but not know how to plan and prepare a nutritious meal. Some participants, especially widowed men, may never have prepared a meal. Now they find that this is a new skill they must learn. Another potential area of confusion is technological advances which may baffle even people who have cooked all their lives.

People ask:

- What does all of the new information on the labels of food mean?
- I've heard about the pros and cons of chemicals that are added to food. What is the true story?
- Advertisements on television for vitamins are confusing; should I take vitamins? If so, how many and what kind?
- I've just moved to a new apartment. My stove is different from the one I used for thirty years. Can you help me?
- My wife died last year. I need to learn how to prepare something more than cornflakes. Could we have a cooking class for men living alone?
- How do I freeze vegetables I can't eat right away?

See Appendix VI-D for a list of suggested nutrition education topics and activities.

## B. NUTRITION EDUCATION PROVIDERS

Some nutrition providers have staff with the expertise and the time to provide nutrition education at sites; some have site-level staff to provide nutrition education. A wide range of resource people in the community can be called on, including nutritionists and other personnel from agencies such as public health; county extension; professional associations (of physicians, dentists, dental hygienists, nutritionists, nurses); hospitals; nursing homes; and special health-related organizations dealing with arthritis, diabetes, heart problems, cancer, etc. (Appendix VI-E lists examples of nutrition education activities carried out by cooperative extension services.)

Upper level college students under the supervision of an instructor or a community dietitian make excellent nutrition educators for sites. An educational opportunity may be provided for the student, and a worthwhile experience is usually provided for participants.

## C. RESPONSIBILITY FOR NUTRITION EDUCATION

When the nutrition director is responsible for the planning and coordination of nutrition education services at the sites, the responsibility may be shared with, or delegated to, a consulting dietitian or social services coordinator. Someone must be responsible for assessing the quality of education. Site and provider staffs need to coordinate efforts and come to an agreement about who plans, designs and gives the sessions, recruits resource people, and does the evaluation.

There are several ways that a site manager can help make the nutrition education programs successful, including:

- Have a positive attitude about nutrition.
- Promote nutrition education programs several days in advance to make the session seem special.
- Be sure the physical environment at the site contributes to the success of the program. Are people able to hear the speaker? Is the room dark enough to show slides?

## D. ELEMENTS OF EFFECTIVE NUTRITION EDUCATION

Setting standards. Minimum standards may be set by the state unit on aging or the area agency on aging. If these standards do not exist, the nutrition director should establish them for each site. Both quantity and quality are important. Nutrition education activities should be monitored by an adequately trained person to differentiate between true and bogus nutrition education.

Planning and coordination. Regardless of who provides nutrition education, good planning is essential. Plan programs with participants not for them; determine their needs and interests.

A nutrition education committee comprised of participants, site managers, local nutritionists, and home economists can be very helpful.

The following are suggestions on useful nutrition education tools:

- Establish a library of filmstrips, slide presentations, etc.
- Encourage local libraries to purchase nutrition education audiovisuals and books appropriate for older persons.
- Order and disseminate nutrition education materials. (See Appendix VI-F for a list of sources.)
- Organize inter-site nutrition education poster contests, recipe contests, bake sales, etc., during March, National Nutrition Month.
- Establish a certificate program for those who participate in nutrition education classes.
- Provide daily nutrition education information that coincides with the menu. Include the number of calories each menu item contains and other nutrition information about the meal.
- Locate good nutrition education resource people and share this information with all sites.

## E. SPECIAL TRAINING

### 1. Nutrition Professionals

Nutritionists, dietitians, home economists, and other health care professionals may need training in planning and presenting nutrition-related information to older persons. Although they know nutrition, they may not be familiar with the interests, needs and characteristics of older adults. It is important that nutrition education programs be planned for the needs of older people; a nutrition education planning committee at each site would be helpful.

Participants themselves have a wealth of information that can be utilized in nutrition education classes. Sharing tips for saving money, recipes for favorite dishes, etc., will create more interest in the nutrition education programs. Remember that everyone at the site has been eating for at least sixty years, and good habits should be reinforced.

- Adults want to receive information that they can use now.
- Hard of hearing people need special attention.
  - Speak slowly and distinctly.
  - Talk in even tones at a low pitch.
  - Look at participants when you speak to help those who lip read.
  - Use simple, well chosen words that are clear and meaningful.
  - Repeat and summarize points.
  - Repeat audience questions for the benefit of the entire group.
  - Write ideas in large, easy-to-read print and use sharp contrasting colors. (Capital black letters on yellow or white are best.) Older people are able to distinguish between warm colors (orange, red, yellow) better than between cool colors (green, blue).

### 2. Paraprofessionals

Some service providers are using older persons to teach other older persons. Nutrition directors may coordinate with home economists, nutritionists, or county extension agents to train paraprofessional nutrition educators. Selected site participants, or other older adults, can be trained in teaching techniques as well as in basic nutrition. They should be given regular follow-up training and support and be provided with audiovisuals and handouts. Retired teachers often make excellent paraprofessional nutrition educators. Sometimes peer counselors are more effective than professionals because they are known, liked, and trusted by those they are teaching. The support and guidance of a trained nutrition specialist is necessary, but peers can augment the program.

## F. PARTICIPANT MOTIVATION

Sometimes the first exposure to nutrition education and the role of nutrition in health comes from a physician who has ordered a change in diet. If the physician does not personally educate the patient, this responsibility is turned over to a nurse or, in a hospital setting, to the therapeutic dietitian. The one-time explanation is not enough; people need ongoing reinforcement, information, and support to change their eating habits.

Family members also need nutritional knowledge in order to assist and support the person with a diet change. Resources available to the family, as well as the older person, include:

- public health department
- county extension office
- state or local medical societies
- hospital outpatient clinics
- Dietetic Association
- Heart Association
- Diabetes Association

Referral and follow-up by the nutrition providers can help to assure that services and encouragement are provided.

Peer influence is also helpful. If a friend has improved health from dietary treatment, this experience can be a strong motivating force. Working with groups of older adults allows the staff to take advantage of peer group influence. The success of a group approach has been demonstrated by groups such as TOPS (Take Off Pounds Sensibly) and Weight Watchers. Group reinforcement on a regular basis is a strong motivator.

In the final analysis, it is self-motivation that is the determining factor in changing dietary habits, but nutrition education can make the difference. The same factors that affect food intake are intricately interwoven into a person's social life. Individuals use food to:

- gain prestige
- achieve social status
- influence the behavior of others
- express creativity
- find security
- help cope with stress.

Many authorities believe that malnutrition among older persons is most often due to loneliness. Congregate meal services are crucial in alleviating that loneliness.

## G. EVALUATION OF NUTRITION EDUCATION

Scientific evaluations can be helpful to nutrition directors; but for this type of evaluation, directors would require the assistance of professional researchers. Local universities may be interested in helping because such a project could fulfill a research requirement for a graduate student.

Informal evaluations are simpler. Participants can be asked to react to a particular session or the entire program and to make suggestions for future sessions. Attendance is another indicator of success or deficiencies.

Other indicators might be:

- number of people using food stamps before and after classes
- use of recipe books that are available at the sites
- questions raised during nutrition education classes
- number of people growing their own vegetables before and after gardening classes
- participants' own perception of nutrition education's impact on them
- number of people saving coupons before and after consumerism classes
- involvement of nutrition education committee at the site
- participants' awareness of nutrition education programs.

## IV. SITE ACTIVITIES

A variety of activities and programs may be provided at a congregate site, depending on AAA authorization and availability of resources.

### A. RECREATIONAL AND EDUCATIONAL ACTIVITIES

The site can encourage, facilitate, or provide a variety of enjoyable and educational activities. Participants may be spectators and/or performers of sports, performing arts, music, games, discussions, and crafts. Ideally, activities should offer physical as well as emotional benefits.

Overall, participant interest and abilities, scheduling, location, and cost are primary planning factors. Participant involvement in planning and implementation is crucial, and leadership for activities frequently can be found among participants and volunteers. Planning and implementing site activities is discussed in more detail in the Nutrition Service Provider's Guide to Site Management.

### B. PARTICIPATION BY THE OLDER PERSON

Older people who have been isolated and are in need of help may not be socially adept or active when they come to the site. Activities which are useful and interesting will help them become involved and can provide important skills and satisfactions to keep them mentally and physically healthy, independent, and living in the community.

Efforts to involve less outgoing participants may need to be low-key and nonthreatening, with no group or individual pressure. These people may need places where they can just relax, watch activities, talk to one or two others, read, or even nap. Programs need to be planned to make it acceptable for them to observe or play a minor role until they are ready to become involved. An individual who doesn't sing may enjoy just listening to the sing-a-long, and a person watching dancing may be as happy as the ones dancing. Providing a range of activities, from passive and individual to active and group-centered, permits an older person to find the social activities that meet individual needs.

### 1. Activities for the Hard-to-Reach [1]

Isolated, depressed, and physically handicapped individuals are usually the hardest to reach and serve. Failing vision, poor hearing, speech problems, confusion, crippled hands, and unsteady locomotion can make the simplest activities difficult. Depression can make physical or mental efforts feel immense. Attention span is often short.

The question is often asked--"Do hard-to-reach older people do better in small, sheltered groups with maximum individual attention or in mass activity groups where they can remain inconspicuous, uninvolved, and do not need to relate to site staff or fellow participants?" This cannot be answered categorically because of the variety among hard-to-reach older people. In general, small groups (five to seven people) with multiple problems do not seem to work out well because too much rivalry develops for the attention of staff or volunteers. A small group does not include a large enough proportion of physically and emotionally healthy and outgoing members to create a supportive environment. Having outgoing, emotionally healthy people in the group is indispensable for the social rehabilitation of hard-to-reach older people.

In order to give immediate satisfaction to these persons, projects have to be simple, attractive, inexpensive, require little sight or dexterity, and preferably able to be finished in one session. Simple weaving with strongly contrasting colors and making toys for needy children (doll houses, bean bags, scrapbooks or doll furniture) often prove to be the favorite craft activities. Making things for children with special needs seems to mobilize the depressed more than any other activity.

### 2. Self-Help Activites

Self-help activities are those that involve participants in providing assistance to themselves and to other participants. Integrating these with other site activities can greatly expand available services. Two advantages of self-help activities are: (1) they are less expensive than hiring staff to provide the same, and (2) helping oneself or someone else increases self-esteem and combats stereotypes that create low esteem.

Buddy System. A buddy system can facilitate the involvement of new participants. At least two people should be identified as an individual's buddy in case one is absent from the site. (Buddies can also help each other when not at the site.)

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[1] Adapted from Estelle F. Booth, Reaching Out to the Hard-to-Reach Older Person (San Francisco, San Francisco Senior Center, 1973).

The buddy system can be therapeutic for both the person being helped and the buddy. Research indicates that such a friend role makes one feel a part of society, contributes to emotional stability, and creates positive feelings about aging. The "friend role" involves companionship, and providing help in times of stress, but does not involve giving advice or counsel. It is necessary to be alert to whose needs are being met; independence and self-help are the goals, not dependence.

Skill Swap Bank. The skill bank allows people to offer their skills to others and, in turn, to receive assistance. The skill bank can be set up to include members of the community as well as only site participants. One way to start the program is to publicize it in the community and to hold an open meeting to discuss how a skill bank is set up, who will work on it, who will benefit, and what is required to run the service. Those who have talents and skills they are willing to share with others fill out a card for each skill. The cards are placed in a file and categorized alphabetically by skill. People who need assistance also fill out a card identifying their needs. The need for assistance might be one-time or long-term.

Arrangements should be made so that people can call a central location to request help. Civic groups in the community could take turns manning the service exchange on a monthly or quarterly basis. Volunteers could be in charge of it at a site. It is best to have one individual responsible so that when there are questions, problems, or new services needed, people will know whom to call. Otherwise, the skill bank can become too informal and the potential for expansion and continuity might be lost.

## C. COMMON CONCERNS AT NUTRITION SITES

The nutrition director should help site staff with problems that arise because of participant disagreements around programming.

### 1. Political Campaigning

Sites should not be used for individual political campaigning. During their term of office, elected officials may visit and discuss issues, but not when they are running for office. A political forum for all candidates is a good way to hear all views.

### 2. Religious Activities

Religious activities have to avoid conflict of church and state. If one denomination is represented, others also should be given an opportunity. Participants must have the option of not taking part in religious programming.

### 3. Fund-Raising

Fund-raising activities must be clearly separated from meal contributions. Special activity bank accounts should be separate from all other site money collection. A charge may be made for special events, but participants should know that these charges have nothing to do with the noon meal. Special events can be scheduled in the evenings or on weekends to avoid these problems.

Money from fund-raising events can be used to finance trips and other activities for those older people who cannot afford the charge.

## V. SUPPORT SERVICES

For many participants the site is a link to the larger service system. Support services may be provided depending on resources and authorization from the AAA. These services may include:[2]

- Transportation--taking the participant to and from site and/or other necessary services.
- Escort--accompanying and personally assisting a participant to obtain services.
- Information--providing information about available public and voluntary services and resources.
- Referral--linking with appropriate resources to ensure that necessary services will be delivered to participants.
- Shopping assistance--providing information on good shopping practice and transporting individuals to food purchasing locations.
- Health screening--detecting conditions and illnesses that occur most frequently in older adults (e.g., blood pressure and diabetes screening, hearing examinations). Service to be provided by a trained health professional.
- Health and welfare counseling--providing advice to help resolve financial, physical or mental health, and housing problems, etc.

Some of these services may require staff or volunteer time, but funding is likely to be needed for others. Arrangement for use of nonmeal funds is necessary. The decision as to which services to provide and how to support them should be made jointly by the nutrition director and the AAA.

## VI. COMMUNITY RELATIONS

Community relations is an ongoing process of (1) informing the community-at-large of nutrition services and their objectives, (2) encouraging local enthusiasm and support for nutrition services, (3) attracting volunteers, (4) influencing decision-making bodies. Nutrition providers should work closely with the AAA when planning and implementing community relations activities.

### A. PUBLIC RELATIONS

Information about nutrition services is disseminated primarily through public relations. It is essential to identify whom the information needs to reach. If a site is opening in a new neighborhood, potential participants in the area must be reached. If a fund-raising craft sale is planned, potential buyers must be alerted. If the site needs volunteers, different groups must be notified. After identifying who must be reached, it will be clearer whether to use radio, television, newspapers, brochures, mail-outs, newsletters, bumper stickers, billboards or some other means of communication.

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[2] These definitions are adapted from: National Association of Area Agencies on Aging, National Association of State Units on Aging, and TSDI, Inc., Uniform Descriptions of Services for the Aging, (Washington, D.C., N4A, NASUA, and TSDI, Inc., 1981).

In planning, consider the methods to reach the audience:

- Targeted media—individual contacts, letters, newsletters, telephone
- Mass media—newspapers, radio stations, televisions.

Review the information to be publicized. Is it news? Starting nutrition services or opening a new site in a town is news. Site activities may not be news, but there are often human interest stories. Publicizing the involvement of community leaders and local resources should not be overlooked.

Public relations must be coordinated within the provider agency. The nutrition director should designate one person to handle all public relations/public information campaigns. This representative should review the activities for a year and select priority activities to publicize. Designating a single person to coordinate all public information will also provide continuity for the media.

### 1. Press Releases

Styles and preferences vary, but the basic ingredients of a news release should include: who, what, when, where, why, and sometimes how. The lead, or opening sentence, should be the attention-getter and should give the important details of the news story. Be brief, but complete and accurate.

Some basic rules for preparation of press releases are:

- Type and double-space all copy, leaving ample margins.
- Type the name of the organization, the date, name of the contact person with address and phone number in the upper left-hand corner of each page.
- Leave space at the top of the first page for a headline, but don't write the headline.
- If the release is longer than one page, write "more" at the bottom of the first page, and at the end of the story write "end."
- Staple pages together.
- Submit releases well in advance of the deadline.

### 2. Feature Stories

Feature stories should include the information in the press release but give added unusual slant. It is often helpful to publicize the basic nutrition services through features or human interest stories. For example, a story about the National Guard delivering meals in a weather emergency not only publicizes the service and the National Guard, but builds community awareness and trust in the service.

### 3. Letters to the Editor

Letters to the editor provide another publicity outlet. A timely, well-written letter to the editor from a participant or other community person commending a site or home-delivered meals service for services rendered, can be impressive. The nutrition director also can write a letter to the editor recognizing special efforts or donations from the community. Such letters are positive and build the nutrition services' image in the community. It is important to remember to write and thank the newspaper and its staff for their help.

### 4. Information About Services

A regular weekly column about services, activities, and issues of interest to older adults can be developed. Some providers have obtained a big advertiser, such as a grocery chain or a shopping mall, to donate one page a month. The nutrition provider writes the copy and arranges for pictures. Prominent mention should always be made that the page was donated and by whom. Other placements for regular columns or "news pages" are television schedule booklets, real estate advertising booklets, neighborhood shopping circulars, and church and civic club newsletters. Regular columns or reports on the nutrition services maintain accountability and provide visibility in the community.

### 5. Radio

Radio provides the opportunity for news, interviews on public affairs programs, and public service announcements (PSAs).

Some radio stations prefer that PSAs be on postcards, or 3 x 5 cards. They should always include the name and telephone number of a contact person and release date, or a note "use indefinitely." Most PSAs are thirty seconds and should include no more than sixty-five words. A thank-you note should be written to the station after a PSA is run.

Some nutrition service providers have been successful in developing weekly radio programs that usually are thirty minutes long. The director or a staff person hosts the program and has speakers and announcements of interest to older adults. Developing and taping the program each week is hard work, but it is excellent public relations.

### 6. Television

If television seems to be the most efficient method to spread the message and money is limited, free time may be available. Get acquainted with the station manager and production staff. Select a good speaker for the spot announcement, a person who will be enthusiastic, brief, and at ease. If flat pictures or film are to be used, check with the production staff first.

When a television station has donated time to an organization, it is good public relations to write a letter to the Federal Communications Commission praising the station for its public service. A copy of this letter should be sent to the station manager.

### 7. Special Problems in Rural Areas

Public relations efforts in rural areas may require special planning. Many rural elderly persons do not have telephones, radios, television, daily newspapers or personal contact with others on a regular basis. The following strategies are helpful:

- publishing human services and outreach phone numbers, with emergency numbers, in the front of local telephone directories
- publicizing the names and telephone numbers of outreach workers and volunteers
- developing comprehensive and coordinated information and referral services

- using innovative approaches to reach isolated areas, such as local citizens band (CB) radio groups
- publishing a monthly newsletter for older people as a joint agency project funded at least partially by donations.

## B. COORDINATION OF EFFORTS

Community relations are enhanced by sharing information with other groups; by staff and volunteers joining other service and organization boards, councils, and committees; and by speaking to local organizations, associations, and clubs. Special events and programs can be sponsored (with joint publicity) with local groups and organizations to encourage community awareness and support.

## C. WORKING WITH PUBLIC OFFICIALS

Good public relations include informing and working with public officials. Historically, nutrition services have been important for local and national politicians.

Nutrition providers, as well as other community agencies serving older persons, have an obligation to keep locally elected officials informed of their constituents' needs. If informal visits to sites can be regularly made by elected officials, changes in older persons' conditions, needs, and habits can be clearly seen. Public officials spending one hour visiting a site can learn a great deal about the needs of the older people they serve.

An elected official who has been properly oriented can be an effective advocate for both individual and agency needs. For example, a public official intervening on behalf of an older person may be heard when others are not. An agency receiving public funds can show the elected official how the funding is spent and provide valuable information on service benefits and the needs of older persons.

## CHAPTER VI

# APPENDICES

VI-A. REFERENCES

VI-B. INTERAGENCY COORDINATION

VI-C. COMMUNITY SERVICES FOR OLDER PERSONS

VI-D. SUGGESTED SUBJECTS FOR NUTRITION EDUCATION

VI-E. COOPERATIVE EXTENSION SERVICE ACTIVITIES

VI-F. NUTRITION EDUCATION MATERIALS

## VI-A

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# APPENDIX VI-B

## INTERAGENCY COORDINATION

| SERVICE | ORGANIZATION | COMMENTS |
|---|---|---|
| **Meal-Related** | | |
| Special Diets | Nursing Home/ Hospital | Costs less tha commercial caterer |
| Special Purchases/ Satellite Program | School Lunch Programs | Menu may lack variety |
| Nutrition Education | Dairy Council | Good free materials |
| **Transportation** | | |
| Special Events Trips | Rural/Local Mortuary | Limousine often donated |
| Charter Service | Area Transit Authority | Arrange during drop off and pick up of other charter group |
| Volunteer Car Pools to Church | Ministerial Alliance | |
| Shared Dispatching | Regional Private or Public Dispatch Service | Helps keep staff during "down time" |
| **Other Services** | | |
| Financial Education | Local Banks | |
| Art-Related Projects | Art Museum/Local Artists Guild | Good Resource |
| Special Concerts | Philharmonic/ Musician's Union | Donation may be required |
| Crime Prevention | Local Police Department | Need to make relevant |
| Special Shopping Trips | Local Merchants Association | |

| SERVICE | ORGANIZATION | COMMENTS |
|---|---|---|
| CPR Training | Local Heart Association | |
| Crafts Training | Local Easter Seal Society | |
| Group Encounters | Mental Health Association | |
| Special Sightseeing Trips | Chamber of Commerce | Enjoy visibility |
| Promotional Activities | Media Executives Group | |
| Will Preparation | Young Lawyers American Bar | Often hard to get started |
| Health Promotion | Local Health Department | Mandate to do this |
| Sponsor Projects | Local Union Chapters | An excellent resource |

# APPENDIX VI-C

# COMMUNITY SERVICES FOR OLDER PERSONS [1]

If these services are not available at the community level, inquiries concerning area service delivery may be made to the area agency, state agency on aging, or other appropriate state departments. This list is not intended to be exhaustive and should be used as a resource to investigate area service availability.

1. Community Based Care programs are designed to support older persons in the community and/or the placement of the older person in noninstitutional settings. Local Resources: adult day care, foster care, and residential facilities; state resources; Department of Public Health, Public Welfare and/or Mental Health.

2. Consumer Programs focus on goods and services that directly satisfy human needs; provided in order to avoid exploitation and/or improve quality of goods and services. Local Resource: Consumer Protection Agency; State Resource: Department of Consumer Affairs.

3. Crime Prevention Programs are designed to assist victims of crimes and help to protect older persons from becoming victims. Local Resources: police departments, sheriff's department, city/county planning agencies (re: criminal justice), education institutes, service clubs, professional groups (e.g., bankers, medical, real estate); State Resources: state police, state unit on aging.

4. Educational Programs inform, instruct or train older people, individually or in groups in formal or informal settings. Local Resources: educational institutions, public libraries (large type books, educational programs); State Resources: state agency on aging, Title XX state agency, department of education; Federal Resource: AoA Regional Office.

5. Energy assistance may be provided in the home (fuel or funds for fuel) or by means of educaton. Local Resources: fuel providers, Community Action Programs (CAP), State Resources: state emergency office/civil defense, department of energy, conservation, state planning office; Federal Resource: Federal Emergency Management Agency.

6. Financial Assistance deals with money and property. Local Resources: Food Stamp Office, Social Security Administration, Local/State Resources: department of public welfare, Internal Revenue Service; State Resources: department of public welfare and public health (for medical and related health services Medicaid and Medicare), department of finance; Federal Resource: Health Care Financing Administration.

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[1] Definitions adapted from: National Association of Area Agencies, National Association of State Units on Aging and T.S.D.I., Inc., Uniform Descriptions of Services for the Aging (Washington, D.C., N4A, NASUA, TSDI, Inc., 1981).

7. Medical and Health Services help to prevent, alleviate, and/or cure accute or chronic illness, and to increase the older person's awareness of health needs. Services might include diagnosis, treatment, education, screening, therapy, or personal care and can be delivered at a medical center, service site, institution or in the home. Local Resources: home care services agencies, visiting nurse agencies and associations, chronic disease orders, health centers and clinics; Local/State Resources: public health agencies, Veteran's Administration.

8. Mental Health Services, including drug therapy, education and support to improve emotional well-being. Local Resources: mental health centers, mental health hospitals and institutions, State/Local Resource: Veterans Administration; State Resources: departments of mental health, public health, and/or human services; Federal Resource: Alcohol, Drug Abuse and Mental Health Administration (of the Public Health Service, U.S. Department of Health and Human Services), National Institute of Mental Health.

9. Homemakers work under the supervision of an agency and assist older persons in their homes with routine household tasks such as meal preparation and general household management including some light housekeeping. Local Resources: local service providers; State/National Resource: National Association of Homemakers and Home Health Aides.

10. Housing Programs maintain or improve housing conditions and/or reduce housing costs including special housing, development funds or loans for elderly and/or disabled, and low income housing. Local Resources: housing authority, regional housing commissions; State Resource: department of housing and community development; State/Federal Resource: Department of Housing and Urban Development (HUD).

11. Home Repair Service provide repairs, maintenance, renovations, weatherization, and housekeeping. Local Resources: local chore and homemaking providers, Community Action Programs, and volunteer groups.

12. Information and Referral provides information about available services and resources and/or linkage with resources to ensure delivery services. State Resources: department of human services, department of public welfare, state Title XX agency, and other human service agencies.

13. Institutional Care includes the placement and support of older persons in institutional settings that provide room, board, and supportive services: Local Resources: hospitals and hospital discharge planners, long-term care providers (nursing homes, rest homes), mental health institutions; State Resources: state ombudsman program (state agency on aging), division of long-term care (department of public health, department of health, mental health, and rehabilitation; State/National Resources: National Association of Homes for the Aged and National Home Care Association.

14. Legal Services assist older persons in matters related to the legal system and may include representation and/or trained assistance. Special emphasis is on advocacy, wills, guardianship and/or conservatorship. Local Resources: legal service

providers (lawyers, agencies, public guardian groups); State Resource: State Bar Association, State Agency on Aging; National Senior Citizens Law Center (headquarters: Los Angeles, California).

15. Nutrition Services include: congregate meals, home-delivered meals, food stamps, food shopping assistance, food cooperatives, nutrition education, consumerism, and preparation of food. Local Resources: meals-on-wheels (home-delivered meals programs, congregate meals programs, religious groups, area agencies on aging, Home Economics Extension Service, homemaker and home health aide agencies; State Resources: Department of Public Health, Department of Consumer Affairs and Public Health; Federal Resources: Community Services Administration, Food and Drug Administration, U.S. Department of Agriculture.

16. Social and Recreational Activities encourage social contact by means of sports, games, crafts, discussion groups, telephone reassurance and friendly visiting. Local Resources: senior citizens, adult education programs, religious groups; Local/State Resource: Department of Parks and Recreation.

17. Social Services may be provided by local, county and state agencies that may be general providers or may specialize in such areas as alcoholism, mental health, community service, or hospital care. Services may include: information and referral, assessment, eligibility determination, service planning, following up placement, and casework. Local Resources: Area Agency on Aging, Title XX service providers, multipurpose senior centers; State Resources: department of alcoholism, drug abuse, and mental health, Title XX state agency; department of public welfare.

18. Transportation Services may include the provision of equipment to other service providers, service funding, or direct services including escorts and shopping assistance. Local Resources: Title XX providers, senior centers, Community Action Program, local providers; State Resources: Title XX state agency, Urban Mass Transit Authority, department of rehabilitation, department of transportation.

19. Volunteer/Employment Programs provide advocacy, funds, and training of older adults. Local Resources: senior employment programs, senior centers, hospital volunteer groups, religious groups; Local/State Resources: ACTION: Retired Senior Volunteer Program, Foster Grandparent Program, Small Business Association; Senior Corps of Retired Executives; State Resource: department of employment services, state agency on aging; Federal Resources: Equal Employment Opportunity Commission, Administration on Aging.

## APPENDIX VI-D

## SUGGESTED SUBJECTS FOR NUTRITION EDUCATION

The most successful programs will be those that are requested by the group. Any topic will be effective only if it is of immediate interest to the participants. Some general topics are given below with suggested titles related to each.

### Planning Meals for One or Two

Eating for one
Why Eat Breakfast?
Psychology of living and eating alone
What shall I have for supper?
Neighborly nutrition - company meals
Tasty suppers
Food habits - or, why do I eat that?
Variety is the spice of life (encouraging the eating of a variety of foods)
Bachelor cooking
Organizing a supper club

### Low-Cost Meals

Stretching the food budget
Getting your money's worth
Pleasing low-cost meals

### Food Stamps

Where do I get food stamps?
Wise buying with food stamps

### Food Fears and Faddism

Is our food nutritious?
Nutrition myths
Vitamin C - Where is it found?
What about Vitamin E?
Vitamin and mineral pills - are they good for you?
Health foods
Organic foods, what are they?

### Quick and Easy Food Preparation

Salad sessions
My meat loaf is better than your meat loaf
Bread, the staff of life
International foods (learn to appreciate the value of foods eaten by another ethnic group)
My favorite ____________ recipe (can be vegetable, fruit, bread, casserole)
Creative use of spices

### Economical Food Buying

Planning your shopping trip
When to buy and what to buy
Food marketing quiz
Convenience foods: to buy or not to buy
Organizing a food cooperative
Field trips to the grocery store

### Health and Nutrition

What is your nutrition score card?
How good is the nutrition site meal?
Planning meals for the nutrition
Foods needed for good health
Nutrition and oral health

### Food Safety

Safety of your food supply
What to take on a picnic?
Storing food safely

## New Ideas

What are food additives?
Enrichment, what is it?
What does the label tell you?
What is nutritional labeling?
Saving energy in the kitchen

## Weight Control

Caloric value of food
Low calorie foods
Hidden calories
Cutting calories
Rules for weight control
Weight maintenance
Diet foods

## Gardening

Planting a patio garden
Growing organic foods
Grow your own spices
Growing a cooperative garden

## Special Diets

(Many of these may be handled best through individual counseling by the dietitian.) Enjoy your low sodium diet
Soft food is not baby food
Fats and health-controlled carbohydrate diets

## Topics of Special Interest

Foods in History
Foods in the Bible
Field trip to local bakery, dairy, etc.
Field trip to central kitchen where site food is prepared

Compiled by Olivia Walden, Auburn University, 1981

## APPENDIX VI-E

## COOPERATIVE EXTENSION SERVICE
## OLDER ADULT NUTRITION ACTIVITIES

ALABAMA Cooperative Extension Service has a series of "Food and Nutrition Lesson Plans for Leisure Years" to be presented by county home economists at senior sites. From talks on preparation of specific foods, the audience learns about nutrition, time management, and stretching the food dollar. Contact person: Virginia White, Head, Extension Food and Nutrition, CES, 207 Duncan Hall, Auburn University, Auburn, AL 36830 (205) 826-4913.

ARKANSAS Cooperative Extension Service has a short course for senior citizens. It also has four leaflets designed for use with senior citizen audiences: Planning Meals for One or Two, Meals the Easy Way, More Pep to Your Step, Food on a Retirement Budget. Contact: Marjorie Phillips, Food and Nutrition Specialist, CES, P.O. Box 391, University of Arkansas, Little Rock, AR 72203 (501) 376-6301.

IDAHO Bulletin #591, Cooking for One in the Senior Years, College of Agriculture, University of Idaho, Moscow, ID 83843 (208) 855-6436.

OHIO Factsheets: L301, Meal Planning for the Elderly, and L302, Food Shopping and Cooking for the Elderly, Ohio State University, CES, 2120 Fyffe Road, Columbus, OH 43210 (614) 422-2011.

WISCONSIN has a coordinated media instructional project in food and nutrition for older persons that reached over 5,000 elderly in 1979 alone. The materials (press releases, radio spots, cartoons, lesson plans, factsheets, evaluation forms) now constitute a book that has been made available to other state extension services. Contact: Mary Mennes, 42 Ag Hall, University of Wisconsin, Madison, WI 53706 (608)263-7383.

NEVADA Cooperative Extension Service designed a program several years ago with the Office on Aging. Three programs on aging—nutrition, exercise, rights of the aging—were taught at senior citizen nutrition sites. Contact: Marjorie Stevenson, Food and Nutrition Specialist, CES, School of Home Economics, University of Nevada, Reno, NV 89557 (702) 784-6761.

MAINE has a Senior Community Service Project. Contact: Nellie Gushee, Nutritionist, CES, University of Maine, Orono, ME 04473 (207) 581-2513.

In ARIZONA's Maricopa County the extension home economist employs elderly paraprofessionals to teach the elderly. Five thousand elderly are reached in that county. Contact: June Gibbs, Food and Nutrition Specialist, CES, Home Economics Building, University of Arizona, Tucson, AZ 85721 (602) 626-4629.

MINNESOTA's Senior Nutrition Alert Program brings nutrition education to elderly over the age of 65. Skills in food buying are emphasized. A lesson series on "Cooking for One or Two" is aimed at the 45- to 65-year-old population. Contact:

Mary Darling, Nutritionist, CES, 1637 Science North, University of Minnesota, St. Paul, MN 55108 (612) 376-4663. (Also a Meals on Wheels project and a "Nutrition for Seniors" slide set.)

Survey results of information needs of elderly in one WASHINGTON state county are available. The survey of 95 elderly showed that the information most wanted would be on weight control and on vitamins and minerals. Contact: Sue Butkus, Food and Nutrition Specialist, CES, 301 AG Phase II, Washington State University, Pullman, WA 99164 (509) 335-2511.

The DELAWARE Division on Aging, together with the CES Home Economics Program, has developed Extensive lesson plans, instructional materials, and audiovisuals to be used by trainers in the areas of nutrition and health education for the elderly. Contact: Marguerite Krackhardt, Nutritionist, CES, Ag Hall, University of Delaware, Newark, DE 19711 (302) 738-2537.

In CONNECTICUT, trained volunteers have reached older adults living on fixed incomes with consumer nutrition information—ways to stretch food dollars when cooking for one or two. Contact: Janina Czajkowski, Nutritionist, CES, Box U17, Roy Jones Building, University of Connecticut, Storrs, CT 06268 (203) 468-3634.

UTAH developed SNAP, a senior nutrition aid program, which has improved the diets of at least 3,000 senior citizens (60 years and older) in the southwest corner of Utah. The State Division on Aging also provided funds for personnel at Utah State University to design and deliver a program to improve the management of Title III nutrition programs at senior citizen centers throughout the state. The emphasis for the training was on food service management and nutritional adequacy of diets. Also, the Utah State Division on Aging, in cooperation with the Utah State CES Program and the University of Utah School of Medicine, conducted a series of workshops designed to improve nutrition education for senior citizens. The cooperative effort focused on developing a closer working relationship among extension personnel, health professionals, and service providers. Contact: CES, Utah State University, Logan, UT 8322 (801) 751-2102.

In WASHINGTON, D.C., The Cooperative Extension Service reaches 5,000 elderly per year through talks at meal sites by cooperative work with the Office on Aging. Contact: Marsha Scott, 1351 Nicholson Street, N.W., Washington, D.C. 20011 (202) 282-7414.

IDAHO publication, Cooking for One, Shopping for One, College of Agriculture, University of Idaho, Moscow, ID 83843 (208) 885-6436.

NEW YORK slide set, Living in the Senior Years. Contact: Ruth Klippstein, Food and Nutrition Specialist, CES, Division of Nutritional Sciences, Martha van Renssaelaer Hall, Cornell University, Ithaca, NY 14853 (607) 256-2141.

OHIO Cooperative Extension Service worked with the Commission on Aging to develop some nutrition programming for the elderly at the state fair in 1974, 1975 and 1976. Subsequently, elderly were bused in to attend Health/Extension State Fair programs at which CES gave nutrition demonstrations and answered questions. The entire program was eventually turned over to the health department; volunteer leaders now teach the information. Contact: Alma Saddam, Nutrition Specialist, CES, Ohio State University, 1787 Neil Avenue, Columbus, OH 43210 (614) 422-0827.

Note: Nutrition Activities information from: Cooperative Extension Service, Washington, D.C., 1981.

## APPENDIX VI-F

## NUTRITION EDUCATION MATERIALS

### I. AUDIOVISUALS AVAILABLE ON LOAN

A. Association - Sterling Films
860 Third Avenue
New York, N.Y. 10022

1. The Day Milk Was Turned Off. Produced by the National Dairy Council the film features a small dairy farmer and banker. The importance of various nutrients in dairy products is stressed. 26 min. color film.

2. Mr. Peanuts Guide to Nutrition. The ABC's of vitamins, minerals, proteins, carbohydrates, and fats. 29 min. color film.

3. The Miracle of Apples. The history of apples: how they are grown, harvested, and marketed. 25 min. color film.

4. The Story of American Rice. Describes production and milling of rice.

5. Yeast Dough Shaping Made Easy. Shows techniques of making rolls, cinnamon buns, etc. Received blue ribbon at American Film Festival. 15 min. color film.

B. Virginia Office of Consumer Affairs
3016 Williams Drive
Fairfax, VA 22031

1. Stretching Your Food Dollars. Developed for senior citizens to assist them in selection and use of foods. 72 slides, 1977.

2. Wise Shopping Makes Cents. For handicapped or mobility impaired. 56 slides.

C. Grower-Shipper Vegetable Association
Consumer Affairs Dept.
512 Pajaro St.
Salinas, CA 93901

1. The Bountiful Harvest of Steinbeck County.

D. Shoprite Supermarkets
Consumer Affairs Dept.
600 York Street
Elizabeth, N.J. 07207

1. Sensible Eating Can Be Delicious. Low cholesterol diet.

E. Health and Welfare Division
Metropolitan Life Insurance Co.
One Madison Avenue
New York, N.Y. 10010

1. A Song of Arthur. Losing weight.

F. National Broiler Council
Madison Building
1155 15th Street, N.W.
Washington, D.C. 20005

1. Hooray for Chicken. Explains nutritional value of chicken and shows various methods of preparation. Filmstrip.

G. Cereal Institute, Inc.
111 Plaza Drive
Schaumburg, IL 60195
(312) 843-1880

1. Changing Foods in Changing Times. Describes effects of lifestyles on food choices, discusses quick-to-serve cereals and labeling.

II. AUDIOVISUALS AVAILABLE TO RENT OR PURCHASE

(Prices may have changed since information was consolidated.)

A. Nasco
901 Janesville Avenue
Fort Atkinson, Wisc. 53538
1-800-558-9595

1. Food for Older Folks. Discusses small meal planning, dentures, and food stamps. Good for youth and adults. Filmstrip, cassette, and discussion guide, $12.50.

2. Watch Your Weight. Explores the challenge of weight control, $39.00.

3. You Are What you Eat. Youth and adult audiences; introduces key nutrients. Filmstrip.

4. It's Good Food, Keep it Safe. Four-part food safety series. Identifies bacteria in cartoon style. Discusses refrigeration, food handling, storage, and temperatures.

5. Cheese Making - From the Cow to the Finished Dish. Edited by Wisconsin Home Economist, explains the making of cheddar, Swiss, brick, Italian, and Scandinavian cheese and their uses.

B. Consumer Services Dept.
Swift & Co.
1919 Swift Drive
Oak Brook, ILL 60521

1. Facts and Fallacies About Food - Swift. Free - 107-frame filmstrip.

C. Photo Lab, Inc.
3825 Georgia Avenue
Washington, DC 20011

1. How to Buy Poultry. Discusses grades, types, and sizes. Gives storage and preparation tips. Filmstrip, $12.50.

2. Milk the Magnificent. Explains value of milk and milk products in daily diet; shows milk recipes. Filmstrip, $6.50.

3. Ann's Additive Story. Develops an understanding of how chemicals make today's food more nutritious, abundant, and safe. Filmstrip, $5.50.

4. Food Makes the Difference. Filmstrip, $5.50.

5. The Oopsies. Discusses weight problems and offers ideas for controlling them. Filmstrip, $6.50.

D. Tupperware Educational Services
P.O. Box 2353
Orlando, FL 32802

1. Food For Life: The Basic Four. Four filmstrips, 15 min. each, teacher's guide $13.00.

2. Food to Live On: Nutrition From the Twenties Through the Nineties. Three filmstrips, 12 min. each, $14.95.

E. Visual Communication
412 Roberts Hall
Cornell University
Ithaca, N.Y. 14853

1. Cutting Food Costs. Useful with youth or adult groups. Takes consumers through the grocery store and shows them about good buys. 22 slides, $7.75.

2. Energy: Our Food and Our Needs. 65 slides, $14.25.

F. Audio Visual Resource Center
8 Research Park
Cornell University
Ithaca, N.Y. 14850
(607) 256-2090

1. Positive Living in the Senior Years. Slides, $33.00.

G. Consumer Services
Sunkist Growers, Inc.
P.O. Box 7888
Van Nuys, CA

1. Decorate and Cook with Love. Colorful garnishes from citrus; useful with youth or adult groups. Filmstrip, $3.50.

H. Butterick Publishing
161 Sixth Avenue
New York, N.Y. 10013

1. American Ethnic Foods: Soul Foods, Origins, and Preparation. Useful for youth and adult groups; excellent for racially mixed groups. $70.00.

I. R. T. French Company
One Mustard St.
Rochester, N.Y. 14692

1. Flavor the Melting Pot. Useful with youth or adult groups; focuses on foods in various cultures. Filmstrip, $5.00.

J. Multi-Media Productions, Inc.
P.O. Box 5097
Stanford, CA 94305

1. Food as a Force in History. Good with youth and adults. 17 min., filmstrip, $13.14.

## III. CATALOGS/RESOURCE LISTINGS

A. Food and Nutrition
UNIPUB
345 Park Avenue, S.
New York, N.Y. 10010

B. Audiovisual Resources in Food and Nutrition ($12.50)
Oryx Press
2214 North Central at Encanto
Phoenix, Arizona 85004
(602) 254-6156

C. Perennial Education, Inc.
477 Roger Williams
P.O. Box 855 Ravinia
Highland Park, IL 60035

D. FDA Films
Consumer Communications
HFE 88
Rockville, MD 20857

E. Audio-Visual Resource Center
8 Research Park
Cornell University
Ithaca, NY 14850

F. Film Library
Alabama Cooperative Extension Service
Room B - Extension Hall
Auburn University, AL 36849

G. Nutrition Education and Training Lending Library
435 Bell St.
Montgomery, AL (205)
832-3443

H. Alabama Public Library Service
State of Alabama
Montgomery, AL 36130
1-800-392-5671
or (205) 832-5743

## IV. MICROFILMS

A. Microfilming Corporation of America
1620 Hawkins Ave.
P.O. Box 10
Sanford, NC 27330
1-800-334-7501 or (919) 775-3451

## V. NUTRITION GAMES

A. Fun with Food ($9.00)
53 Country Way
Madison, Ct. 06443

B. Games that Teach ($15.00)
P.O. Box 331
11 on W. University Ave.
Urbana, Il 61801

C. Nasco $14.00 ($20.00)
901 Janesville Avenue
Ft. Atkinson, Ws. 53538

## VI. PAMPHLETS/POSTERS/RECIPES

A. American Dietetic Association
430 N. Michigan Ave.
Chicago, IL 60611
430 (312) 280-5000

B. American Medical Association
535 N. Dearborn
Chicago, IL 60610
(312) 751-5180

C. American Red Cross
National Headquarters
Washington, DC 20006

D. Birds Eye
P.O. Box 4126
657 E. Court St.
Kankakee, IL 60901

E. Bureau of Aging
OB-43G, DSHS
Olympia, Washington 98504
(206) 753-3394

F. Channing L. Bete Co., Inc.
200 State Road
South Deerfield, MA 01373
(413) 665-7611

G. Consumer Reports
P.O. Box 1949
Marion, Ohio 43305

H. Cook College
114 Thompson Hall
New Brunswick, NJ 08903
(201) 932-9853

I. Cornell University
Distribution Center C
7 Research Park
Ithaca, NY 14850

J. Del Monte Teaching Aids
P.O. Box 9075
Clinton, Iowa 52736

K. Family Circle Magazine
488 Madison Avenue
New York, NY 10022

L. Florida Dept. of Citrus
State of Florida
Lakeland, FL 33802

M. FDA, Office of Consumer Affairs
Consumer Communications Staff
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3170

N. Fun with Food
53 Country Way
Madison, CT 06443
(203) 421-4797

O. General Foods Consumer Center
250 North St.
White Plains, NY 10625

P. General Mills, Inc.
Nutrition Dept.
Department 45
P.O. Box 1112
Minneapolis, MN 55440

Q. High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, MD 20205

R. Kraft
P.O. Box 820
South Holland, IL 60473

S. Metropolitan Life Insurance
Health and Safety Education Div.
One Madison Avenue
New York, NY 10010

T. National Dairy Council
Rosemont, IL 60018

U. National Pork Producers Council
Dept. FC
P.O. Box 10383
Des Moines, Iowa 50306

V. New American Library
P.O. Box 120
Bergenfield, NJ 07621

W. Public Affairs Pamphlets
381 Park Ave S.
New York, NY 10016
(212) 683-4331

X. Superintendent of Documents
Washington, DC 20402
(202) 783-3238

# CHAPTER VII

## CHAPTER VII

# MONITORING, ASSESSING AND EVALUATING NUTRITION SERVICES

I. NETWORK RESPONSIBILITIES

II. DEFINITIONS

- A. MONITORING
- B. ASSESSMENT
- C. EVALUATION

III. MONITORING AND ASSESSMENT TECHNIQUES

- A. DESK-TOP REVIEW
- B. INTERVIEW
- C. PARTICIPANT MEAL SURVEY
- D. ON-SITE VISIT
    1. Purpose
    2. Preparation for the Visit
    3. Personnel Making the Visit
    4. Scheduling the Visit
    5. The Visit Itself
    6. The Exist Interview
    7. Follow-Up

IV. DEVELOPING/SELECTING INSTRUMENTS

V. COMPONENTS TO MONITOR AND ASSESS

- A. FOOD PREPARATION
- B. QUALITY OF FOOD
- C. ADMINISTRATION
- D. SERVICES
- E. ACTIVITIES

F. FACILITY

G. FOOD PREFERENCE

H. COMMUNITY INVOLVEMENT

VI. COORDINATION

CHAPTER VII

# MONITORING, ASSESSING AND EVALUATING NUTRITION SERVICES

Monitoring, assessing, and evaluating performance are significant responsibilities of management. This chapter describes the responsibility of nutrition service providers to monitor and assess their own services, and the importance of these functions in assisting with provider management. This monitoring and assessment information can be adapted to meet the specific management needs of the individual nutrition service provider. The importance of these management tasks justifies separating them from the other functions described in "Nutrition Service Management" (Chapter III).

## I. NETWORK RESPONSIBILITIES

Monitoring, assessment, and evaluation takes place at different administrative levels. AoA monitors and evaluates nutrition services nationally. State units on aging monitor and assess nutrition services statewide. AAA's monitor and assess nutrition services within their areas. Nutrition service providers must monitor and assess their own nutrition services. This is critical for internal provider management and should be carefully designed and implemented.

## II. DEFINITIONS [1]

### A. MONITORING

Monitoring is the day-to-day observation and review of activities, and the adjustment of those activities to ensure maximum effectiveness in meeting the objectives of the agency. It is primarily a process of observation conducted during the process of management. Monitoring measures both the adherence to regulations and requirements and performance in meeting objectives. It is accomplished by the supervisor responsible for the action steps being monitored and the director. It is done through staff performance review, progress report analysis, and on-site observation.

Nutrition providers are responsible for the periodic monitoring of nutrition sites and often maintain site checklists and write reports for state and/or area agency review.

Monitoring will provide both service providers and the area agency with a periodic review of service achievements and of needed improvement. Written documents are used to measure progress or compliance and may include grant applications, regulations, policies, contracts, and standards.

### B. ASSESSMENT

Assessment is the determination of whether or not an objective was accomplished in the time planned with the resources allocated. It is similar to in-depth monitoring, but is done less frequently and looks at attainment of an objective in more detail.

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[1] Definitions adapted from: United States Government Printing Office, Programs for Older Americans-Objective Setting and Monitoring, DHEW # (OHD) 76-20204, USDHHS, Washington, D.C., 1975.

The assessment schedule is established prior to the assessment which is done at least quarterly. It is carried out by the director, advisory council members (if present), and other key people. The purpose of the assessment is to provide the director with information about the effectiveness of past efforts in a form that will be useful to make future operations more effective.

Assessments are a way to take stock of the service and provide a mechanism for objectively directing or redirecting services, programs, and staff activities to achieve service goals. The objectivity of an assessment enhances the accountability of the provider and can be useful in balancing political pressures.

### C. EVALUATION

Evaluation is the review of the direction, effectiveness and efficiency of a program or projects. The purpose is to ensure that programs address the needs of older persons they are designed to serve. Evaluation is a function of federal, state, and occasionally AAA staff.

## III. MONITORING AND ASSESSEMENT TECHNIQUES

### A. DESK-TOP REVIEW

A desk-top review is one which is done at the reviewer's office, usually monthly, by looking over written materials which document performance. The desk-top review analyzes the performance of the service provider which can be ascertained from numerical data with the following documents:

- the approved grant
- the approved contract
- reports (e.g., monthly program and fiscal reports, incident reports)
- previous on-site monitoring reports and follow-up
- previous corrective action plans and follow-up
- other pertinent data, including audit reports.

Careful review and analysis of the data in these documents should provide information for comparison of actual performance with planned objectives. Problems identified in the desk-top review should be addressed in the on-site review.

### B. INTERVIEW

An interview provides the opportunity to discuss the service with staff, volunteers, and participants. This is a particularly good method of determining service quality as perceived by participants.

The purpose of the interview and how the information will be used should be explained briefly to the inverviewee. Notetaking may make some persons feel uneasy. Hints to facilitate interviews with participants include:

- Be sure the participants understand that the purpose of the interview is to improve nutrition services.
- Begin with some easy-to-answer questions, such as "What do you enjoy most about coming to this site?"
- Arrange to interview at least five participants to protect anonymity.
- Conduct the interview in a private area to protect confidentiality.
- Be supportive, but avoid indicating agreement or disagreement, particularly if problems are discussed.
- Avoid leading questions that tell what response is desired.
- Avoid giving the impression that there are right and wrong responses.
- End with an open-ended question, such as "Is there anything else you would like to talk about?"
- When the interview is finished, thank the participant and restate how information will be used and how it will not be used. Reassure the participant that all information is confidential.

## C. PARTICIPANT MEAL SURVEY

A participant meal survey is one monitoring method for both congregate and home-delivered service. Using a written questionnaire can result in input from many participants with relatively little staff time needed to collect it. The anonymous nature of the survey often results in responses that would not be obtainable otherwise. (See Appendix VII-B.)

Appropriate questions on a meal survey include:

- Are meals the proper temperature?
- Has a doctor specified certain foods to eat? If so, which foods?
- Are the meals tasty?
- What site meals have you liked the best?
- How can the meals be improved?

A meal survey should be short (approximately ten questions) and straight-forward.

## D. ON-SITE VISIT

### 1. Purpose

The on-site visit is a survey and analyzes performance, contract compliance, and individual component effectiveness.

Data gathered from the desk-top review can indicate the areas that need special attention during the on-site visit. On-site visits enable staff to:

- verify the data that has been reviewed in the desk-top analysis
- review activities that are not easily quantifiable
- observe service performance.

## 2. Preparation for the Visit

Doing some homework helps prepare for on-site visiting. Review the grant application, desk-review results, correspondence, previous monitoring reports, and other information which will provide background on site operations. This will help the reviewer to become aware of potential areas for discussion.

## 3. Personnel Making the Visit

A group visit to a site might overwhelm staff and participants and interfere with activities. The observation of typical procedures and activities will be improved by a visit from only one or two people. If it is necessary to monitor several components, it may be advisable to include another person.

One option is to employ consultant services (paid or in-kind) which eliminates the question of bias that might occur if staff review their own services. University graduate students or faculty, staff from parallel agencies in another area of the state, staff from cooperating agencies in the same geographic area, or independent consultants can be used.

If participants are asked to be reviewers, they should be prepared for the visit in advance. They can conduct interviews and record observations while the other reviewer deals with other aspects of the operation. The participant often has a better rapport than staff with other participants.

If there is sufficient staff, it may be desirable for staff reviewers to rotate to different sites. The advantages of this are:

- Staff remain more objective in the assessment.
- Different staff will tend to notice different areas for improvements, thus strengthening the overall impact of the assessment.

There are also reasons for not rotating:

- One person becomes familiar with the strengths and weaknesses of the site and can follow up more easily on past recommendations.
- The reviewer develops a rapport which may identify him/her as a "helper." Because this helping relationship is so important to the growth of a site, many sites have the same monitor throughout the year. (For assessment, however, objectivity is more important and rotation may be more advisable.)

## 4. Scheduling the Visit

The date and time of the visit should be decided after planning and consulting with the site involved. This reinforces the spirit of cooperation and avoids wasting a visit when staff or records are not available on a chosen day.

Confirm the agreed-upon date in writing ten days in advance if possible. The confirmation should include the date, time of arrival, the staff involved, the activities the visitor wants to observe, and the people who are to be interviewed. If an agenda or checklist is available, send it in advance so that records and information can be assembled.

Indications of serious problems may warrant an unannounced visit. They need to be handled with discretion and objectivity. Even when provider staff feel their relationship with the site staff is relaxed enough for unannounced visits, they should remember how it feels to receive an unannounced visit to assess their performance.

## 5. The Visit Itself

The techniques of review, interview, and observation work together to ensure that all needed information is gathered. Typical on-site monitoring activities are listed below.

- Review:
    - record-keeping practices
    - files that include data to validate the desk-top review
    - adherence to health and safety regulations
    - staff composition as it concerns employee requirements
    - location accessibility for participants
    - current service and fiscal records
    - intake and referral procedures.
- Interview:
    - the director, other appropriate staff, and volunteers to verify job assignments
    - staff to determine if personnel policies are being followed
    - staff and advisory council members to assess council effectiveness.
- Observe:
    - confidentiality of participant information
    - site atmosphere
    - contribution procedure
    - staff-participant relations.

## 6. The Exit Interview

An exit interview is a face-to-face meeting with the site manager to summarize the findings of the visit. Each monitoring and assessment visit should end with one. The reviewer should identify strengths as well as areas that need improvement. The tone should be positive and supportive; the comments objective and nonjudgmental. The interview should allow for a joint assessment of progress, raise concerns, and deal with problems.

During the exit interview, corrective action should be discussed, including specification of requirements and the time alloted to implement them. The reviewer should offer help to achieve the necessary changes or suggest ways in which the staff can get assistance. The reviewer can also discuss technical assistance and training needs which have been indicated during the visit.

### 7. Follow-Up

A written report of findings and recommendations should immediately follow each formal review visit, and all items covered in the exit interview should be included. The written report provides an excellent opportunity to praise and reinforce outstanding performance. It also provides documentation of corrective action, confirms the time frame for it, and helps avoid misunderstandings. The benefits for both parties in terms of clear communication and a mutual understanding of expectations is well worth the time it takes to write the report.

If the site has many problems, prioritize needed changes and limit the number that must be corrected immediately. A special follow-up visit should be scheduled to assess progress on these. When the major problems are corrected, then address other areas of concern. This prioritizing will avoid overwhelming site staff and help focus attention on the most important problems.

## IV. DEVELOPING/SELECTING INSTRUMENTS

The same criteria apply to assessment monitoring instruments whether selecting from existing materials or developing a new one.

The forms that are used for monitoring and assessment need to be:

- specific to the area under review
- clearly stated
- simple to use without sacrificing information
- relevant to the purpose of monitoring and assessing.

Checklists, questionnaires, and outlines are a few of the tools that can be developed or adapted to aid in monitoring and assessment.

One simple way to develop a form is to rephrase the nutrition service goals and objectives into questions, such as: "Does the site provide regular nutrition education to all participants?"

Remember to:

- select useful questions--those that can affect the activities of the staff and the quality of the program
- keep the number of questions to a minimum.

When selecting or developing instruments, be sure to include all areas of site operation. Cover broad areas such as administration, coordination, and financial management; address specific concerns, such as participant contributions and meal site activities. Wording is important and should set a supportive and nonjudgmental tone. Questions which ask people to justify and explain promote hostility or suspicion, and can inhibit effective information gathering.

Many tools for monitoring and assessing are available. Sources for them include the state unit, area agency, and other service providers. Obtaining copies of other agencies' forms can save time. This can be done by writing individual agencies, or making a request to national associations.

# V. COMPONENTS TO MONITOR AND ASSESS

When monitoring and assessment instruments are developed for congregate and home-delivered meal service, thought should be given to insure that all the service components are considered. Meals are the primary service of the nutrition provider, and they should receive considerable attention. Monitoring should address quantity, quality, delivery, and management of the food service. Specific weights or scores may be assigned individual criteria or components to help assess performance currently and over time.

## A. FOOD PREPARATION

Whether prepared by the congregate or home-delivered meals provider or by a caterer, preparation of the food should be monitored and assessed. The review should include sanitation and food preparation procedures. Food preparation must: conserve nutrients, use quality food, comply with the menu, use correct portions, use standardized recipes, adhere to safety procedures, and adhere to program policy for on-site preparation, or for a food service contractor. (See Chapter IV for more specificity.)

## B. QUALITY OF FOOD

Nutrition services should have a systematic procedure to inform central kitchens daily (either provider operated or contracted) of serious problems and weekly of the quality of the service. An incident report should be available for site and/or home-delivered meal staff to inform food service managers of problems. A weekly report describing the general conditions of the food service should be sent to the nutrition director and the food service manager (if different). The following information should be included on this report:

- Temperatures of all food - Hot and cold food temperatures should be recorded. If there is a problem at the site, such as the refrigerator not working properly, this information should be included.
- Quality - How did the food look? How did the food taste? Was it prepared correctly? (Comments such as "cornbread lousy" will be little help to the food service manager. Encourage site managers to be specific; "Cornbread hard and packy.")
- Quantity of food delivered - The number of servings short or over of each item should be reported.
- Adherence to menus - Any substitutions should be reported.
- Delivery time
- Nondelivery of supplies or food
- Cleanliness of equipment
- Acceptability of the menus - Include acceptability to participants and any problems serving the meal, packaging it for home deliveries, etc.
- Compliments - Be sure improvements are acknowledged.

Nutrition service directors should monitor food quality to anticipate problems in the food service system and the day-to-day service provided by the central kitchen. Plotting on a graph the number of problems reported weekly will help determine whether or not food service quality is being maintained.

## C. ADMINISTRATION

Monitoring and assessment of administration includes: planning, budgeting, participant and fiscal records, and relationships with community and other agencies. Questions to be asked include:

- Is there regular communication with other agencies serving the same population?
- Are there adequate records about individual participants to provide the necessary referral information for other agencies?
- Are statistics tabulated concerning the number of persons served, how many terminated and why, and types and number of referrals, etc?
- Are staff job descriptions up-to-date, and is job performance evaluated regularly?
- Are staff policies and procedures in a written form?
- Does the manager meet regularly with staff for up-dates and discussion?
- Is there community contact to make services known and solicit feedback?
- Do contribution collection methods allow confidentiality?
- Is the bookkeeping system adequate and auditable?
- Do reported expenditures appear reasonable and necessary for service purposes as stated in the grant or contract?
- Are expenditures within budgetary restrictions?
- Are all receipts deposited intact on the day of receipt? Are all personnel who have access to cash bonded?
- Are disbursements properly recorded?
- Are required reports prepared and submitted on a timely basis?
- Are subcontracts in accordance with applicable instructions?

(See Appendix VII-C for further procedural suggestions.)

## D. SERVICES

For many older people the nutrition service is their only entry point into the service delivery system. It is important to review efforts to provide services and coordinate other community services for the benefit of participants. Questions to be asked may include:

- Are up-to-date directories or lists of services available for staff and participant use?

- Do other service providers visit the site to share information?

- Are staff involved in interagency coordinating councils?

- Are participants regularly informed about or referred to other services?

- Is follow-up conducted on whether participants receive requested services?

## E. ACTIVITIES

Activities (such as nutrition education) need to be an integral part of the site. Review questions include:

- Is there a written plan for providing nutrition education? If so, is it followed?

- Is there documentation of monthly nutrition education activities at each meal site? Documentation should include the date, topic, length of presentation, and presentor.

- If the presentor is someone other than the nutrition consultant, is the presentor trained and/or supervised by the nutrition consultant?

- Are participants involved in planning and/or presenting the activities?

- Are recreational and educational activities offered? Who plans and develops them--staff or participants?

- How many participate in activities? In what ways are those present encouraged to take part?

- Do activities offer the opportunity for everyone to be involved? If not, are alternative activities available?

- Is participant input solicited on future programming? How?

- Are participants asked to evaluate activities?

## F. FACILITY

Questions to be asked:

- Is the facility clean and well-lighted?

- Is there adequate space to allow for freedom of movement, and to accommodate all activities?

- Is the atmosphere warm and welcoming?

- Are the tables and walls decorated or in some way personalized?

- Is the location of the facility easily accessible to older persons? If not, is transportation available?

- Does the facility meet the requirements of Section 504 of the Rehabilitation Act of 1973? (See Appendix VII-D.)

- Is the location safe?

- Is the structure safe (no steep steps, etc.)?

## G. FOOD PREFERENCE

Plate waste indicates food preference, and a monitoring system should be established to measure it. Another indicator is attendance; a pattern of low and high attendance may be related to the menu. A monitoring plan over a period of time will show the relationship. Monitoring these indicators will produce more valid information than asking participants if they liked the meal.

## H. COMMUNITY INVOLVEMENT

Sample questions to be asked:

- Has the provider invited community leaders to visit meal sites and programs?
- Are elected officials and members of community civic and service organizations serving on the provider's governing body and advisory council (if there is one)?
- Are elected officials encouraged to visit site activities regularly?
- Do community and governmental organizations contribute financial support in the form of cash or in-kind donations?
- Does the provider have cooperative agreements with other service providers in the community?

Interviews with other service providers, elected officials, and social, cultural, and business leaders are useful to obtain information. They should be informal and include such questions as:

- If additional meals become available, what area of the community should be given priority?
- How can services be better coordinated?
- Are there any community resources that could be tapped to improve nutrition services?

# VI. COORDINATION

The following are essential coordination components:

- The roles of the AAA and nutrition service staff in monitoring and assessment are worked out jointly. All those involved should take part in designing the process.
- Those being critiqued, as well as those doing the critiquing, know what to anticipate.
- Findings of monitoring visits are used in follow-up visits and assessments.
- Monitoring and assessment schedules are coordinated to minimize the time spent in answering the same questions for different people and to minimize the time spent in nonparticipant-related activities.
- The assessment schedule is planned so that current recommendations for improvement are available to staff while a new plan is developed, and/or service is revised.

- All nutrition service staff, governing body and advisory council members are aware of findings and their role in following up on recommended improvements.

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## CHAPTER VII

# APPENDICES

VII-A. REFERENCES

VII-B. MEAL SURVEY RECOMMENDATIONS

VII-C. EVALUATING BUILDING FACILITIES FOR THE HANDICAPPED

# APPENDIX VII-A

## REFERENCES

United States Government Printing Office. Longitudinal Evaluation of the National Nutrition Program for the Elderly. DHEW #(OHDS) 80-20249, USDHHS, Washington, D.C., 1979.

United States Government Printing Office. Programs for Older Americans: Objective Setting and Monitoring. DHEW #(OHD) 76-20204, USDHHS, Washington, D.C., 1975.

# APPENDIX VII-B

## MEAL SURVEY RECOMMENDATIONS

The following is taken from a report on the results of a nutrition service provider's survey. It is an example of a useful way to monitor service; keep staff, council, and participants informed; and obtain constructive recommendations for service improvements.

Meal surveys were distributed among participants who receive congregate and/or home-delivered meals to learn what they thought about the standard menu and the quality of meals. A total of 200 meal surveys were filled out, returned, and tallied.

The following conclusions and recommendations for changes were suggested by the opinions of participants receiving meals:

1. Most felt the meals were usually hot enough (95%), large enough (88%), and tasty enough (83%). Nevertheless, there was room for improving the tastiness of the meals. This could be achieved by introducing more variety into the menu through the addition of new kinds of food and/or through altering the ways in which existing kinds of food (e.g., fish, turkey roll, potatoes, brussell sprouts, liver) were prepared. Some wished to see more baked and sweet potatoes as well as more baked chicken and whole, as opposed to rolled, turkey. Variety could also be achieved by increasing the cycle length of the present menu from eight weeks to 11 weeks. By doing this, the least liked dishes would appear relatively less often.

2. Meal temperature and taste go hand-in-hand. If the hot portions of a meal weren't served hot enough and the cold portions of a meal weren't cold enough, then the meal was deemed bland by the participants. It is interesting to note in this connection that dining sites receiving meals prepared at the central kitchen tended to regard the meals as being cooler and less tasty than did dining sites which prepare meals on the spot. Thus, there was a tendency for central kitchen to say meals were neither as hot nor as tasty as they would like. This suggests that additional steps should be taken to improve the tastiness of those meals. Assuming the hot foods are properly cooked before leaving the central kitchen, care must be taken to ensure that hot foods stay sufficiently hot enroute and while being dished out.

3. A third of the participants receiving meals were under doctors' orders not to eat certain items: fat, salt, sugar, starch, cholesterol, roughage, etc. Our meals are supposed to be low in these items, and they are evidently sufficiently low to permit many people with restricted intakes to eat them. Very few who said they had restricted diets said our meals

posed serious difficulties. Then again, anyone having serious difficulties with our meals probably would not be receiving them, and therefore would not have been surveyed. Consequently, the meal survey could not disclose how many participants need "special" diets.

4. Nutrition Advisory Council representatives and Dining Site Council members have done a fine job in informing participants about the Council. Perhaps more can be informed in the upcoming months, especially those who normally receive meals in their homes.

In summary, the 200 participants who returned meal surveys have provided a good idea about what they think of the meals. Basically, they like the meals they are eating, and many with dietary restrictions are able to eat these meals. To make our meals more palatable, we shall make some menu and recipe changes based on this meal survey and will try to improve the temperatures of meals served at two of the sites.

Note: Submitted by Douglas County Senior Services, Roseburg, Oregon.

## APPENDIX VII-C

## EVALUATING BUILDINGS AND FACILITIES FOR THE HANDICAPPED

In recent years architects, engineers, draftsmen, and contractors with encouragement from legislators, governmental bodies and concerned citizens have given increasing attention to the problems of the handicapped and elderly when designing and constructing buildings and facilities of all types. All new facilities should conform to American National Standard Institute's "Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People" (ANSI A117.1-1961, revised R 1971).

The following items, based on ANSI A117.1-1961, are intended to serve as a simple checklist for those planning and designing new buildings and facilities for use by the public.

| Yes | No | |
|---|---|---|
| | | PASSENGERS ARRIVING-LEAVING SPACE |
| ___ | ___ | Is there a safe place designated for passengers to get into and out of cars (may be on or off the street)? |
| ___ | ___ | Is that space zoned to prohibit parking? |
| ___ | ___ | If space is at curbside, is the curb ramped up to the sidewalk? |
| | | WALKS |
| ___ | ___ | Are public walks at least 48 inches wide (60 inches needed to facilitate passing where wheelchair traffic is heavy)? |
| ___ | ___ | If a walk is sloped, is the grade not greater than 5% (1 feet of rise for 20 feet of length)? |
| ___ | ___ | If there are steps in the walks, are there also ramps to bypass the steps? |
| ___ | ___ | If doors open onto walks, is there a level platform at least 5 feet by 5 feet? |
| | | PARKING |
| ___ | ___ | Is there parking available for handicapped either at end of rows or head-in stalls 12 feet wide? |
| ___ | ___ | Are pedestrian (wheelchair) inclines or sloped walks provided in place of, or in addition to, curbs and steps from parking area? |

| Yes | No | |
|---|---|---|
| | | **ENTRANCES** |
| ___ | ___ | Is there at least one ground level or ramped primary entrance useable by individuals in wheelchairs? |
| | | **DOORWAYS** |
| ___ | ___ | Do doorways have a clear, unobstructed opening of at least 32 inches wide? (Revolving door unacceptable unless accompanied by a side leaf-door with 32-inch minimum opening)? |
| ___ | ___ | If there are two leaf doors side by side, does one leaf provide at least 32 inches of clear opening? |
| ___ | ___ | Do doors in series (vestibule doors) have at least 84 inches between sets? |
| ___ | ___ | Are thresholds flush with the floor? If no, are they less than 1/2 inch? |
| | | **RAMPS** |
| ___ | ___ | Do ramps rise no more than 1 foot for every 12 feet of length? |
| ___ | ___ | Does the ramp have handrails 32 inches from the surface on both sides and extend 1 foot beyond the top and bottom of the ramp?[1] |
| ___ | ___ | For rest and safety, do long ramps and sloped walks have level platforms at least every 30 feet? |
| | | **ELEVATORS** |
| ___ | ___ | Are elevators accessible on the same level as the entrance? |
| ___ | ___ | If this facility is more than one level (including basement, balcony, etc.) are all levels served by an elevator? |
| ___ | ___ | Does the elevator doorway provide at least 32 inches of clear, unobstructed opening? |
| ___ | ___ | Is the elevator cab at least 4 feet wide by 6 feet in depth? |
| ___ | ___ | Are the controls (including emergency switches, light, etc.) no more than 48 inches from the floor? |

---

[1] Extension beyond top or bottom should not be a hazard in itself by projecting into traffic areas, doorways.

Yes No

## STAIRS

___ ___ Do steps have rounded nosings with sloping risers?

___ ___ Are there handrails mounted 32 inches above front edge of stair tread?

___ ___ Do handrails extend 1 foot beyond top and bottom step? [1]

___ ___ Are step risers no greater than 7 inches in height?

## TOILET ROOM

___ ___ Do doors to toilet rooms (men and women) have at least 32 inches of clear opening?

___ ___ Is there at least one toilet stall that is a minimum of 3 feet wide by 5 feet deep?

___ ___ Does that toilet stall have a doorway with at least 32 inches of opening?

___ ___ Does the toilet stall door swing out?

___ ___ Is that toilet stall also equipped with handrails on both sides, 33 inches from the floor?

___ ___ Is the toilet seat 20 inches from the floor?

___ ___ Will the area from the toilet room entrance to the stall allow a wheelchair to pass (32 inches of unobstructed space)?

___ ___ Is the bottom edge of at least one mirror no higher than 40 inches from the floor?

___ ___ Are lavatories (sinks) mounted so that persons in wheelchairs can utilize them (29 inches from floor to top of wheelchair armrest)?

## DRINKING FOUNTAINS

___ ___ Are water fountains both hand and foot operated?

___ ___ On wall-mounted models, is there a side fountain 30 inches from the floor?

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[1] Extension beyond top or bottom should not be a hazard in itself by projecting into traffic areas, doorways.

Yes No

PHONES

___ ___ Do telephone booth doorways have 32 inches of clear opening?

___ ___ Are coin drops not higher than 48 inches from the floor?

___ ___ Are some phones equipped with receiver volume control for the hard-of-hearing?

___ ___ Are phones for hard-of-hearing readily identifiable?

CONTROLS

___ ___ Are switches and controls wthin reach from wheelchair position (not higher than 48 inches from the floor)?

WARNINGS FOR DEAF AND BLIND

___ ___ Are there raised letters or numbers for identifying rooms?

___ ___ Are they at the side of the door 4 feet above the floor?

___ ___ Are potentially dangerous areas identified by knurled door handle or knob?

___ ___ Are signs, lights, and hazardous hanging objects at least 7 feet above the floor?

Existing facilities and programs can obtain information and technical assistance from:

National Center for Barrier Free
Environment
Suite 1006
Washington, DC 20230
202/466-6896

Office of Civil Rights
Washington, DC
Jim Bennett
202/426-7425

Barrier Free Environments, Inc.
P.O. ox 30634 1140 Connecticut Ave., NW
Washington, D.C. 20036
919/782-7823

At the present time there are also 3 regional offices that can provide assistance to programs within their regions.

Region III - 215/596-5191
Region VI - 214/767-4123
Region IX - 415/556-3923